PHYSICIANS statement RESERVED may should plain refully DEATH should OF

3. SEX

19 UNDERTAKER

Cumberland. Md

certificate. back On instructions important. CAUSE mation LION œ.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Allegany Registration Dist, No. Village or City Cumberland MD (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds. William. J. Beasley (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Year) 5e. If married, widowed, or divorced HUSBAND of 22. Lillie Beasley CERTIFX. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Years Months Days If LESS than to have occurred on the date stated above, at ... 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows: Dete of onset SAWYER, BOOKKEEPER, etc Retired work was done, as SILK MILL. SAW MILL, BANK, etc 11. Total time (years) this occupation (month end spent in this Other Coutributory Causes of Importance

7. AGE 8. Trade, profession, or particular kind of work done, as SPINNER, NO OCCUPAT Industry or business in which 10. Date deceased last worked et 12. BIRTHPLACE (city or town) ... (State or country) 13. NAMEDuncan. Beasley 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis?. HER Dont Know 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: MOT Dont Know Accident, sulcide, or homicide?_______ Date of injury_______19___ 16. BIRTHPLACE (city or town) ___ (State or country) Where did Injury occur?____ (Specify city or town, county and State) 17. INFORMANT Lillie. Beasley
(Address) Cumberland. Md Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Date Jan. 18.1933 Mt Plesant Nature of injury John.C.Wolford

Registrar.

if so, specify

24. Was disease or injury in any way related to occupation of deceased?_

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of	death and related causes	
32000	of importance were as	follows:	Date of onset
1915	Attock of epilepsy	EEB 7, 1955	1 week ago
1921	Run over by street car		1 week ago
July 5, 1927	Peritonitis	ECEMPE	3 days ago
Moy 1,1923	Other contributory cau	uses of importance:	1 year
	1921 July 5,1927	of importance were as 1915 Attock of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory can	of importance were as follows: 1915 Attock of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

infor-O Every statement SICIAN RECORD. BINDIN Œ certificate RESERVED back may that instructions MARGIN See d important. E DEATH plnods OF WRITE AUSE mation LION

S. No. 1

19. UNDERTAKER

(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAMB instead of street and number) ds. How long in U.S. if of foreign birth? Length of rasidence in city of own where death occurred. mos. 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE MARRIED, WIDOWED. 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH OR DIVORCED (wrise the word) (Day) (Yaar) 5a. If married, widowed, or divorcad HUSBAND of 22. ERTIFY. That I attanded deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than Days I day, ____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profassion, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Data decaasad last worked at II. Total time (years)
spent in this this occupation (month and occupation Dther Contributory Causes of importanca: 12. BIRTHPLACE (city or town) (Stata or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation. (Stata or country) What test confirmed diagnosis?_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury _____ 19__ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?__ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, DR REMOVAL Mannar of injury Nature of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify (Signed)

24. Was disease or Injury in any way related to occupation of deceasad?__

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		- 6000 C RIFF		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 00003
1. PLACE OF DEATH	COPPORATE A MARIE
County allegan	Registration Dist. No.
Village or City Combe flow	No. 427 (Ward death occurred in a hospital or institution, give its NAME instead of street and number)
- 1/	ds. How long in U, S. if of foreign birth?yrs,mos,ds.
2. FULL NAME Prichard & Bell	· ,
(a) Residence: No. 427 Cumberland	LSt., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
	16 ,193 2 to Jan 3 ,1933
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS then	to heve occurred on the date dated ebove, at 12.3 m.
57 2 5 1day,hrs.	to heve occurred on the date Mated above, at 2 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	Commen of Ocasphage
SAWYER, BOOKKEEPER, etc.	and Hamash alut
9 Industry or business in which work was done, as SILK MILT.	/ Jun
10. Date deceased last worked at this occupation months and the spent in this	-fo
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) The ary Canal (State or country)	Starotin
13. NAME 13. NAME 14. BIRTHPLACE (city or town) mary land	Name of operation Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Coma for Struck 16. BIRTHPLACE (city or town).	23. If death was due to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT 19-25 Cumberland St. ale	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Ruse Hill burg Date Jan 1932	Nature of injury
19. UNDERFAMER Lorgis Stail The Grand Fiel.	24. Was diseese or injury in any way related to occupetion of deceased?
20. FILE 20 7 , 133 Harney J Mars	(Signed) Class J. Mun. M. D. (Address) 4/ Sun Social Land
and the second s	2411 N. Charles Street; Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroen teritis 1 year

PHYSICIANS should state Exact statement of OCCUPA. TRECORD. Every item of infor-AGE should be stated EXACTLY. properly classified. WITH UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. N. B.—WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH County Allegany	93-6
County Allegany	Registration Dist. No.
Village or City Dwodburg	No. 12 Welsh Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME NO. Mary BR	ady
(a) Residence: No. 12 Well St Front	S. St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Jense White Widowed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. LIHEREBY CERTIFY That I attended deceased from
(or) WIFE of John Brady	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Waril 24. 1851	I last saw h 2 alive on /// 1933; death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
8-/ 8 /8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	were as follows:
kind of work done, as SPINNER, Jouseworks SAWYER, BOOKKEEPER, etc.	Da al Oli 3
kind of work done, as SPINNER, Jousework SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL RANK etc.	Myoear deris, Chronice
U JAN MILL, DANN, STEEL	
10. Date deceased last worked at this occupation (month and year)	
21 ± V	Other Contributory-Causes of importance:
12. BIRTHPLACE (city or town) (State or country) (State or country)	(p)
	Deniloy
E COOL V COOL	
(State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
E VI O	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
O.P. B.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) 12, Thelad S. A.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St Wichaels 7bg. Date Jaw 14, 1932	Nature of Injury
Sand Stabers	ni-
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
1/14 53 (N. D. Ato 1 1)	(Signed) (Signed) (Signed) (Signed)
20. FILED 19 Registrar.	(Address) Thost leurs mc
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		TRANSFER OF

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. properly classified. See instructions on back of certificate CAUSE OF DEATH in plain terms, se that it may be mation should be carefully supplied. TION is very important.

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH	PPORATE LIMITS (4)
$\Omega / l $	4
Village or City Charles Garage	Registration Dist. No. No. 6 4 5 Ward Geath occurred in a hospital or institution, give in NAME instead of atreet and number)
//	s. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Mary Ella B	rade
(a) Residence: No. 645 (Qual place of abode)	St., 6 - W Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced Hospanson (or) Wife of	22. A PHEREBY CERTIFY, That, lattended deceesed from
Walter Walter	July 5 1931 Jan 16 1933
6. DATE OF BIRTH (month, day, end year) Dec 4 - 1882	Hast saw h feet alive on and 1933; death is said
7. AGE Years Months Days If LESS than 1 dayhrs	to have occurred on the date stated above, at 6
	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	mone for francisco 1 1931
SAWYER, BOOKKEEPER, etc.	nypervogación
work was done, as SILK MILL, SAW MILL, BANK, etc	(<i>J</i>
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased lest worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	Whet test confirmed diagnosis Rylled
15. MAIDEN NAME Susan Sibbons	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT W. Bradly (Address) Cumberland mad	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Hills rest len a Date Jon 18-, 193	Nature of injury
19. UNDERTAKER Louis Stephen Mal.	24. Wes disease or injury in any way related to occupation of deceased? No
20. FILED aw 17, 1933 Marule & Please Registrar.	(Signed) Less todale M.D. (Address) Cumberland Red. M.D.
If more blanks are needed, address State Registras	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATI	EMENTS BY	PHYSICIAN
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On 5 E. Tainy 2.

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Example I	11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis 9 9 9	3 days ago	
		BECEIVED		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Dr. Hawkins

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured.

The product of the occupation can be secured. The product of the occupation can be secured. The product of the occupation can be secured. The occupation can be secured as a constant can be secured as a constant can be secured. The occupation can be secured as a constant can be secured as a constant

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	,
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
FEB 7 1933	,		
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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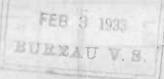
A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months,

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner. (b) Cotton mill. (a) Salesman. (b) Grocery. (a) Foreman. (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day Laborer, Farm laborer, Laborer-Coal mine, etc. Women at home who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife. Housework or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 5 yrs.) For persons who have no occupation whatever write None.

Statement of cause of death.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term of

the same diseases. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite: avoid use of "Tumor" for malignant neoplasms); Measles, Whooping cough, Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29ds.: Bronchopneumonia (secondary), 10ds. Never report mere symptoms or terminal conditions, such as "Asthenia." "Anaemia." (merely symtomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL. or as probably such if impossible to determine definitely. Examples: Accidental drowning; Struck by railway trainaccident; revolver wound of head-homicide; Poisoned by carbolic acid-Probably suicide. The nature of the injury as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory."

Space for additional information by physician



S. No.

PLACE OF DEATH	STATE OF MARYLAND
County allegary	CERTIFICATE OF DEATH
WILLIAM CORPOR	ATE LIMITS ARefistration Dist. No.
Village or City Cumbuland (No. Me	moreal Hospital
Pa 200	a hospital or institu- tion, give its NAME in-
2FULL NAME THE LIBERT	Broudwater stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2 SEX. 4 COLOR OR RACE 5 SINGLE, MARRIED, Dengle WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Pattended the deceased from
Jan. 22, 1933	g deed fan 22 1993
(Month) (Day) (Year) 7 AGE If LESS than	and that death occurred on the date stated above, at
I day hrs.	
yrsds. ormin.?	aborlian
8 OCCUPATION (a) Trade, profession or	***************************************
particular kind of work (b) General nature of industry	
business, or establishment in Annue	(Paration) - mos de
which employed or (employer)	Contributory Still birth
(State or country) Cumberland hed	Secondary Daration) yrsde,
FATHER Elly E. Broadwater	(Signed) WY Hodger Ay. D.
M 11 BIRTHPLACE	1-26 1933 (Address) Collections, Ho.
OF FATHER (State or country) Penna	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother anna E. Rodenhouse	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) Still Butte
(State or Country) Maryland	of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Cumbelland Juli
C. & B. Suntas	Former or usual residence Cumberland, Med.
(Informant) Line Charge	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Cumberand, Ma	Cremated Jan 22, 1,33
Filed an 22 19233 Harvey Miles	20 UNDERTAKER ADDRESS Memsual Haypelan Comberland
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enwork, or At Home, Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, without more precise specification as Day Compositor, Architect, Locomotive engineer Cotton mill; (a) Salesman, (b) Grocery; (b) Automobile factory. The material Stationary fireman, etc. and children, not gainfully em-Laborer-Coal mine, etc. Wom-But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

answered in detail, it will prevent further correspondence.
data is essential and must be obtained before the cer-

must be obtained before the certificate is

permanently filed.

American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Marasmus," "Old Age, stated unless important. use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, mensecondary If this certificate is looked over thoroughly and all questions "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chronic Example: Measles (disease etc. valvular heart disease; affection need not be Always qualify all The contributory " "Shock," etc., of

LION

BINDIN

RESERVED

MARGIN

S. No.

OCCUPA

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH ALLEGANY MHIN CORPORATE LIMITS County Registration Dist. No. No. MEMORIAL HOSPITAL Village or City CUMBERLAND Length of residence in city or town where death occurred _____yrs. ____mos. ____ds. How long in U, S. If of foreign birth? _____yrs. ____mos. ISABELLE BROOKS BARTON. MD. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED. 21. DATE OF DEATH OR DIVORCED (write the word) MARRIED FEMALE January 14

(If death occurred in a hospital or institution, give its NAME instead of street and number) 2. FULL NAME If nonresident give city or town and State 3. SEX 5a. If married, widowed, or divorced HUSBANO of SAMUEL BROOKS ERTIFY Thet I attended decoased from (or) WIFE of APRIL 13 6. DATE OF BIRTH (month, day, and veer) 7. AGE Months 0evs If LESS than to have occurred on the date I day, ____hrs. 61 or____min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.____ PATION 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Dete deceased lest worked at 11. Total time (years) this occupation (month and spent in this occupation __. Other Contributory Causes of importance: Wellities MARYLAND 12. BIRTHPLACE (city or town) (State or country) 13 NAME WILLIAM MOORE FATHER 14. BIRTHPLACE (city or town) Name of operation ... (State or country) Whet test confirmed diagnosis?. MOTHER ESTHER_ MOORE 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) HOSPITAL Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. MD. (Address) Manner of injury Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis ENVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

FATHER

13 NAME

15. MAIDEN NAME

(Address)

(Address)

(State or country)

16. BIRTHPLACE (city or town)
(State or country)

18. BURIAL, CREMATION, OR REMOVAL

FOR BINDIN

MARGIN RESERVED

Harry L. Brown

Sarah McKenzie

Place Date 19

14. BIRTHPLACE (city or town) Frostburg

17. INFORMANT

19. UNDERTAKER

01078

		Registration E	Dist. NoD	
No			St.,	Ward
		titution, give its NAME		
ds.	How long in U.S.	if of foreign birth?	уrsп	10sds.
St.,	Ward.			
		If nonresident a	give city or town and	d State
	MEDICAL	CERTIFICATE	OF DEATH	
21. DAT	TE OF DEATH		15	7
		Januar y	(Day)	, 193 ³
				(1001)
22.		Y CERTIFY		deceased from
fac	V. fl	, 1933, to Jan	uss,/5	, 19.3.3
1 last saw	hand alive on	DROLO	193	I death is soil
to have of		othe speed at	Vinen	is
The PRIN	CIPAL CAUSE OF DE	ATH and related cause	s of Importance	
were as f	0110M2:			Date of onset
S+17	lborn			
DOLL	100111			
				-
Other Cor	atributory Causes of in	nportance:		
		1		
Inly	men	we b	unch	/
Lik	th m	outh		
Name of o	operation		Date of	
	•			
		causes (VIOLENCE) fill		
Accident,	suicide, or homicide?.	D	ate of Injury	, 19
Where did	Injury occur?	(Specify sity or e		
Specify w	hether injury occurred	(Specify city or to In INDUSTRY, In HOR	ME, or in PUBLIC PL	ACE.
Manner of	f injury			
Nature of	injury			
			Ai	
		wey related to occupa	tion of deceased?	
If so, spe	1010	Well or	2101	
(Sign	(ed) 7-1-1-		us	
	(Address)	(
NT CL -	ulas Canas Dalaimana	D 671 C N/.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II	
The principal cause of death and related cause of importance were as follows:	Ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Luly 5, 1927	Peritonitis	3 days ago
Ess. Hay	0 /		1
Other contributory causes of importance	48	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		*	
-			

N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING See instructions on back of certificate. TION is very important. V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9
County (Meany) WITHIN CORP	ORATE LIMITS / Registration Dist. No. 4
Village or City Queel Blace	No. 117 Sudehandent St. 3 Ward
	death occurred in a hospital or institution (rive its NAME instead of street and number)
mcl.	ds. How long in U.S. if of 16reign birth?yrsmosds.
2. FULL NAME W. Zvingo la soun	ng
(a) Residence: No. // \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
The Co White OR DIVORCED (write the word)	Jan 9 , 1933 3
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Eva Barger	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Kuller 78 1884	l lest saw h saw alive on 1 am £9- 19 3 3; death is said
7. AGE Years Mooths Days If LESS than	to have occurred on the date stated above, at
48 6 // lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc duausance Ugrey	arden Vascular fues 1916
Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
o this occupation (month and my 432 spent in this 4 me	
13 DIRTURI ADD (silver Assert)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	(18 deina di mas
13. NAME Basil Browning	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Gellas Hausen	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sella Valla	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT GOD Browning (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Core tell curage face 1/, 1933.	Neture of injury
19. UNDERTAKER Touis Deur Deur June	24. Was disease or injury in any way related to occupation of deceased?
20. FILED MIN 1/ 19 33 Harney Alles	(Signed) Clurard Harris M. D. (Address) Crufulcural Luck.
16 may block and all all a South Prince	N Chalassan Pain Page St.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example 11	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of cpilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of cpilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

Registrar.

(Day)

(Year)

death Is said

Date of onset

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	Example I	1	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronie interstitial ne	phritis [1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
				,
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				17.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	58	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis E Hall E Ha	3 days ago
		Gavia088	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

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MARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm tuverer, source on the duties of the en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer. Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Grocery em-taken en-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." approved by diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse." "Coma," "Convulsions, stated unless important. Chronic interstitial nephritis, carbolic acid-probably suicide. The n ture of the injury, State cause for which surgical operation was under-10 ds. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences e g., sepsis, necident; Revolver wound of head-homicide, I simula by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar/ Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condior intercurrent) cough; Committee on Nomenclature Chronic Example: Measles (disease affection need etc. valvular heart The contributory Always qualify all not be Measles; disease

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

S. No.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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and a com

WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of inforshould state properly classified. Exact statement of OCCUPA. PHYSICIANS AGE should be stated EXACTLY. FOR BINDIN TION is very important. See instructions on back of certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. WRITE PLAINLY, B

V. S. No.

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SIAIL OF MARYLAND—	CERTIFICATE OF DEATH 00016
and - WITHIN COI	RPORATE LIMITS
County allegan	Registration Dist. No.
Village or City Line hiel and	f death occurred in a hospital or institution, give its NAME instead of street and number)
	s. 10ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME William Bambs	
(a) Residence: No. Care Pour Mes Co	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX A	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If marriad, widowad, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22 I HEREBY CERTIFY, That I attended deceased from
Museum	Jan 11- 1933, 10 Jon 14 , 1953
6. DATE OF BIRTH (month, day, and year) would 18 68	Clast saw ham alive on Jun - (3 - 1933; daath is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 4m.
Clary 65 gran or min.	were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Inhuonary ayelabres - following
SAWYER, BOOKKEEPER, atc.	Telmino pr applianting
9. Industry or business in which work was dona, as SILK MILL, saturally SAW MILL, BANK, atc.	January - /1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Data daceased last worked at this occupation (month and spant in this	
yaar) occupation	
12. BIRTHPLACE (city or town) 94 d	Other Contributory Causes of importance;
(Stata or country)	
13. NAME Jahn & Comps	1/0
13. NAME Jahn & Comps 14. BIRTHPLACE (cfty or town) 22 2 2	Nama of operation of publication Data of 1-11-33
(State of Country)	What tast confirmed diagnosis? Was there an autopsy 200
15. MAIDEN NAME Muknows	23. If daath was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide? Date of Injury, 19
∑ (State or country)	Whara did injury occur? (Specify city or town, county and State)
17. INFORMANT Tracel Comby	Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Addrass) (Sunda - MG) 18. BURIAL, CREMATION, OR REMOVAL	
Place Pane Pan Wat 1. Data Jan 16 1933	Manner of Injury
A : Pr 10	Nature of Injury
19. UNDERTAKER The Start Start	24. Was disaase or injury in any way related to occupation of decaasad?
The state of the	If so, specify (Signad)
20. FILED DW 6 , 1821 Milligh M Melical Registrar.	(Signad) M. D. (Addrass) 122 Blatish 81
The state of the s	2411 N. Charles Street, Baltimore, Requesting B. S. No. 1.

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Arteriosclerosis	1915	Attack of epilepsy	B'A OWN	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	H. B. A. O. States	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	PEST 4 834	3 days ago
			CISA:	
Other contributory causes of importance:		Other contributory caus	ses of importance:	1
Gallstones	May 1,1923	Gastroenteritis		1 year
	100			

2 00914
ATE LIMITATE Registration Dist. No.
No. 220 Emily St St, 5 W
death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
St., 5 Ward.
If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (Month) (Day) (Year)
22. I HEREBY CERTIFY. That I attended deceased f
I last saw h. 2 alive on 8/, 19.33; death is:
to have occurred on the date stated abovo, at 936, m.
The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows: Date of on
Chelen see way & when certis is about
10y
, ,
Other Contributory Causes of importance:
- Chaustins
Name of operation
What test confirmed diagnosis? Was there an autopsy?
23. If death was dua to external causes (VIOLENCE) fill in also tha following:
Accident, suicide, or homicide?, 19
(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
openy whether many occurred in revolute, in nome, or in robero revolu-
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) Likab: If Lower States and Likab: If Likab:
-

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Example I		Example II	
death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
TEN 17 1000	1915	Attack of epilepsy	1 week ago
itis	1921	Run over by street car	1 week ago
BURFAU V S	July 5, 1927	Peritonitis	3 days ago
uses of importance:		Other contributory causes of importance:	
	death and related causes follows:	death and related causes follows: 1915 itis 1921 July 5, 1927	death and related causes follows: The principal cause of death and related causes of importance were as follows: Attack of epilepsy itis 1921 Run over by street car July 5, 1927 Peritonitis

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The principal cause of death and related causes. Date of onset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	FEB 7 1000	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Corebral hemorrhage	BUREAU V	July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

FOR BINDING

RESERVED

MARGIN

tem of infor-	should state	of OCCUPA.	
HITE PEANLY, WITH UNFADING INK-THIS IS A PERMANEW RECORD. Every item of infor-	on should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
ERMANENT	EXACTLY.	y classified. E	te.
IS IS A P	be stated	be properly	of certifica
INK-TH	S should b	t it may h	on back c
UNFADING	upplied. AGI	terms, so tha	e instructions
INLY, WITH	be carefully s	EATH in plain	N is very important. See instructions on back of certificate.
RITE PLA	on should	ISE OF D	N is very

20, FILED.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? yrs. mos. ds. Length of residence in city or town where death occurred (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4 COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (waite the word) (Month) 5a. If married, widowed, or divorced HUSBAND of CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Davs If LESS than to have occurred on the date stated above, at 1 day.....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Oate of onset. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc., Industry or business In which work was done, as SILK MILL SAW MILL, BANK, etc ... 1D. Date deceased last worked at 11. Total time (years) this occupation (month and spent In this occupation __ Other Contributary Causes of importance: 12. BIRTHPLACE (city or town (State or country) FATHER 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis? HER 15. MAIDEN NAME 23. If death was due to external causes (VIDLENCE) fill in also the following: MOT Accident, suicide, or homicide?_____ Date of injury_____, 19_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 24. Was disease or Injury In any way related to occupation of deceased? 19. UNDERTAKER If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) ...

Registrar.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis Peritonitis	3 days ago
		/ dayana	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	5		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Arteriosclerosis	1915	Atlack of epilepsy	1 week ago	
Chronic interstitial neparitis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastrocnteritis	1 year	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDIN

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago		
BURRAU V.S.			, ,		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD BINDING PERM Y FOR WITH UNFADING INK-THIS MARGIN RESERVED WRITE

V. S. No. 1

m ż PLACE OF DEATH

PLACE OF DEATH	STATE OF MARYLAND
County allegany	Registration Dist. No.
Village or City Jonathy (No	St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month), 1923. (Year)
6 DATE OF BIRTH (Month) (Day), 1933 (Year)	that I last saw he Caffve on 192
7 AGE If LESS the l dayhr	s. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. d
9 BIRTHPLACE (State or country) maryland	Contributory Secondary (Duration) yrs mos d
10 NAME OF FATHER Lugere Cagain	(Signed) M. I - // 3 192 - (Address) Midland Urb
OF FATHER (State or country)	*State the Disease Causing Death, or, in deeths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Gertrude Bradley	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Manylund	At place of death yrs mos ds. State yrs mos d Where was disease contracted, if not at place of death.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Auguse Cagain (Address) Honaining ha	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL , 19
15 Filed Jay 30 1933 2, Vou Vay lo Just Registrar	20 UNDERTAKER ADDRESS
If more branks are needed, address State Registr	er, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Collon mill; (a) Salesman. nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealr," etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile foctory. The materia (b) Grocery,

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature lelanus) may be stated under the head of "contributory." State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Whooping American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trointaken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ż

STATE C	F MAR'	YLAND-	CERTIFICATE OF DEATH 00024
1. PLACE OF DEATH			3
County Allegany		THIN CORP	ORATE LIMITS Registration Dist. No. 4
Village or City Cumberlan	d. Md	(1)	No. 601.Frederick. St. Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where d	eath occurred		sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Blanche	Fisher	1111111	
(a) Residence: No. Cumberl	and Md (Usual place	of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. color or RACE White		RIED, WIDOWED,	21. DATE OF DEATH Jan. 6th. 1933 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of John.L.Fis.	her		22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Jan	241888	I last saw h & alive on
7. AGE Years Months	Days	If LESS than I day,hrs.	the FRINCIPAN CAUSE OF DEATH and legated causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	House w	ife	were a follows: Our commandation of Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc			lett fine
O 10, Date deceased last worked at this occupation (month and year) spent in this occupation			to the
12. BIRTHPLACE (city or town) (State or country)	Md	***	Dther Contributory Causes of importance:
# 13. NAME John . M . Twigg			7
13. NAME JOHN • TWISS 14. BIRTHPLACE (city or town) (State or country)	Md		Name of operation with the state of 5-12-31. What test confirmed diagnosis Sulthour of the was there an autopsy? Mo.
置 15. MAIDEN NAME Hannak	Wilson.		23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Hannals 16. BIRTHPLACE (city or town) (State or country)]	Md	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Lohn./L. (Address) Cumberla			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place HillCrist.	Date Jan	.8.19.33	Manner of injury
19. UNDERTAKER John.C.Wol (Address) Cumberla			24. Was disease or injury in any way related to occupation of deceased?. The
20. FILEBAN) 8 , 1933 (Ma	08	Mecal	(Signed) They Follows

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was donc.

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should state of OCCUPAitem of infor-PHYSICIANS RECORD. Every Stated EXACTLY. PHYSICIAMS WITH UNFADING INK-THIS IS A PERMANEN FOR BINDIN in terms, so that it may be properly See instructions on back of certificate. MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that mation should be carefully supplied. TION is very important. -WRITE PLAINLY, B

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	828) 00025
County allegany WITHIN CORF	PORATE LIMITS Registration Dist. No.
Village or City Results Land	No. 514 Keen St. Ward
(H	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or own where death occurredyrsmos	
2. FULL NAME Learge Kolye Flech	censeur.
(a) Residence: No. 5/4 (Usual place of abode)	St., / Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Mate ORDIVORCED (write the word)	January 25 1935
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Brant	22. I HEREBY CERTIFY, Thet I attended deceased from
100 8 010	(A) (B) 3.3
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the dato stated above, at 7 & m.
1 a/ 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as follows: bull emboli Date of superty
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and spent in this securation (month and spent in this securation).	
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc. 11. Total time (years)	
O 10. Date deceased last worked et this occupation (month and year) this occupation coupation occupation	
200 1	Other Contributary Causes of importence:
12. BIRTHPLACE (city or town) (State or country)	no Herene
	gayaaga
E Promise Service	Name of operation None Dete of
4 14. BIRTHPLACE (cfty or town) (State or country)	What test confirmed diagnosis hypical examples was there an aulopsy? Que
15. MAIDEN NAME Elicabet Humich	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Elizabeth Humich	Accident, suicide, or homicide?
(State or country) Segmany.	Where did injury occur?
17. INFORMANT Mis Frank Sunhon	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Curebaland MI	***************************************
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place By Jake pate 18 19 33	Nature of injury
19 UNDERTAKER Tocces Delis due	24. Was disease or injury In any way related to occupation of doceased?
(Address) Cumpuland and	If so, specify
20, FILED an 24, 1933 Marue AM Pleas	(Signed) M. D.
Registrar.	(Address) Luny Guand, put,
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—1

STATE OF	MARYLAND-	-CERTIFICATE	OF	DEATH	00026
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	ACE OF DEA		W	THIN CORF	PORATE LIMITS (2)
Vi	ounty	JMBERLAN	ID, Md/	(1)	Registration Dist. No. HOGOPITAL f death fourred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
					William State of the State of t
) Residence: No		PAUL, MARYLA! (Usual place	ND.	St., Ward. If nonresident give city or town and State
Р	ERSONAL AN	17/18/19/19/19			MEDICAL CERTIFICATE OF DEATH
3. SEX		OR OR RACE	5. SINGLE, MARI OR DIVORCED SING	RIED, WIDOWED, (write the word)	21. DATE OF DEATH JANWARY 14, 1933 (Month) (Oay) (Yoar)
HUS	ried, widowed, or div BAND of WIFE of	as will in			22. I HEREBY CERTIFY, That I attended deceased from 1933, to January 14: 1983
6. DATE	OF BIRTH (month, da	SE ay, and year)	PTEMBER	29,192	West saw h wir alive on Jane 14, 1938; death is said
7. AGE	Years	Months 3	0ays	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at IO. 48 mP. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. T	rade, profession, or p kind of work done SAWYER, BOOKKE	particular , as SPINNER, EPER, etc	STUDEN	r	acute Superalus affendes 1-19-2
OCCUPATION	ndustry or business i work was done, as SAW MILL, BANK,	SILK MILL.	******	^	
8 18	ate deceased last wo this occupation (mo year)	onth and	11. Total ti spen occu	me (years) It in this pation	
	IPLACE (city or town	MARYI	AND		Other Contributory Causes of importance: Lagrange + Benevalli: 1-8.3.
œ 13. N	AME FLOYI	FLESHE	R	'	
L.	IRTHPLACE (city or t (State or country)		YLVANIA		Name of operation Configuration (14-33) What test confirmed pignosis? Was there an autopsy?
I	IAIOEN NAME		KELLER		23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. B	(State or country)	own)	GERMAN	<u> </u>	Accident, suicide, or homicide?
	MANT MEMOR	CIAL HOS			Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIA	L, CREMATION, OR		1	17-,1933	Manner of Injury
19. UNOEI	RTAKED JOURNALD AND AND AND AND AND AND AND AND AND AN	lierla.	ed The	d	24. Was disease or injury in any way related to occupation of deceased? MD
20. FILED		1923 /	army	Allees Registrar.	(Signed) (Address) Quark maker and All Mark
D.	R.SNYDER	If more	blank are needed, as	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.-Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	# 1 m	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 FEE 7 19.3	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUNBAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	,	Other contributory causes of importance:	- LET
Gallstones	May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

✓	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed)

(Address) _ K RALA

(Day)

Date of onset

Was there an autopsy ?

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of emilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

DR. MATHEWS

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	ė i mi	1921	Run over by street car	1 week ogo	
Cerebral hemorrhage	PAU V.S.	July 5,1927	Peritonitis	3 days ago	
Ĺ, <u> </u>			•		
Other contributory causes of	importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gostroenteritis	1 year	

PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be -WRITE PLAINLY, N. B.

FOR BINDIN(

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	E OF I	MARYLANL	—CERTIFICATE OF DEATH
County ALLE	GANY	WITHIN (CORPORATE LIMITS Project Ale 4
OTTRAD	ERLAND		MEMADEAT TIACDEMAT
Village or CityCUMB	THAILD		No. MENIORIAL HOSPITAL St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or tow	n where death occ	urredyrs,	_mosds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME R	ICHARD	GERSTELL	
(a) Residence: No.	KEYSER.	W.VA.	St Ward.
(4)		sual place of abode)	If nonresident give city or town and State
PERSONAL AND STA	ATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX MALE 4. COLOR OR R. WHIT	OP	GLE, MARRIED, WIDOWE DIVORCED (write the work MARRIED	21. DATE OF DEATH (Month) (Month) (Day) (Wear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of NANCY	TAYLOR		22. HEREBY CERTIFY, That I attended deceased from
e DATE OF BIRTH (month &	NOVE	MBER 14,/8.	1973 death is sai
6. DATE OF BIRTH (month, day, and year 7. AGE Years Mo	onths	Days If LESS th	
81	1 1	/, 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	1 104	8 ormin.	were appellows: On Charles Manhalla Oate of gnae
kind of work done, as SPIN SAWYER, BOOKKEEPER, etc.	NER, PHYS	ICIAN	7-11-
kind of work done, as SPIN SAWYER, BOOKKEEPER, etc. 9: Industry or business in which work was done, as SILK MIL SAW MILL, BANK, etc	L,		
Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
LE DIRECTION CONTINUE	ARYLAND		Other Contributory Causes of importance: Other Contributory Causes of importance: 1922
(State or country) ARNOLD	GERSTEL	Т.	- 12 lingh Hypertrophy 1/ Mortal 1925.
I I I I I I I I I I I I I I I I I I I			A ROUNT HOUSE
(State or country)	GERMANY		Name of operation William of Protection Date of 1-2-3-
	H CRESA	D	What test confirmed diagnosis? Was there an autopsy? The
			23. If death was due to external causes (VIOLENČE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	MARYLAN	ע	Accident, suicide, or homicide?
MEMORIA	TUOSDI	m A T	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MEMORIA (Address) CUMBER		D.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	71 76 Date	Jan 14 190	Manner of injury
19. UNDERTAKER SHEET	when	ved Socie	Nature of injury
(Address)	Free	·W/a	If so, specify
20. FUEDUN 12 , 1938	Marae	A Messara Registra	(Signed) M. I
	If more blanks ar	needed, address State Regis	trar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURBAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARTLAND	CERTIFICATE OF DEATH	031
1. PLACE OF DEATH	//	UUL
County allegacies WITHIN COR	PORATE LIMITS Registration Dist. No.	4
Village or City Lewelkeland	No. 20 / Hayette St., If death occurred in a hospital or institution, give its NAME instead of street and	Ward
	sds. How long in U.S. if of foreign birth?yrsm	
2. FULL NAME Beradine Goet		
(a) Residence: No. 701 Fayetts	St. Ward.	
(Ustal place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) William Street	21. DATE OF DEATH (Month) (Day)	, 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Solution Solution Solution	22. I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) DOTTO 1855		; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$ 300 m.	_; death is seld
/ 1 day,hrs.		
8. Trade, profession, or particular	were as follows: Johan Person.	Date of onset
kind of work done, as SPINNER, Housework		17
9. Industry or business in which		2.8
SAW MILL BANK ata	-	
10-Date deceased last worked at this occupation (month and year) spent in this occupation		
12. BIRTHPLACE (city or town)	Other Contributary Causes of importance:	D
(State or country)	Inchesen a	11
CK 13. NAME	1	33
13. NAME 14. BIRTHPLACE (city or town)	Name of according	
14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed disposes?	
15. MAIDEN NAME Curkurous	What test confirmed diagnosis?	
=	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury	
State or country)	Where did Injury occur?	, 19
W / Got	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te)
17. INFORMANT (Address)	Specify whether injury occurred in thousand, in nome, or in Public Pl	AUE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury	
Place (V P. OT Cece. Days / Du 40, 1933	Nature of Injury	
La Harris Aris Les	24. Was disease or injury in any way related to occupation of deceased?	
19. UNDERTAKER (Address) (Address)	if so, specify	~~~~~~~
Salar Sakus a Slas	(Signed) Kal. /) 5 mm	M. D
20. FILEDAN 20, 1833 Nakuegy Pleas	(Address) Suntastus Jud.	

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County (allegany, WITHIN CORPO	PATE LIMITS Registration Dist. No. 4
Village or City Communication	No. Allegann Anhitabi, 4 Ward
	death occurred in a hospital sinstitution have its NAM instead of street and number)
C. 1. R	ds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME Alske Jume	nan, gr.
(a) Residence: No. 647 Selection (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEK 4. COLOR OR RACE 5. SINGLY, MARRIED, WIDOWED, OR WORCHD (with the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
101 of 100 100 100 100 100 100 100 100 100 10	I last sew h Live elive on Tau 11, 1933; death is sein
6. DATE OF BIRTH (month, day, and year) 77. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2:25 m.
16 15 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Menugetis, Straplocure Jang
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at this necessition (Months and Company) and the second in this programs in the second in the seco	
SAW MILL, BANK, etc	
this occupation (winth and 23, 32 spent in this occupation	
12. BIRTHPLACE (city or town) Ohio	Other Contributory Causes of Importance
(State or country)	Hent
13. NAME Leslie B Gordon.	
13. NAME Lake 13 19 man. 14. BIRTHPLACE (city or town)	Name of operation Musclousestry Date of Man 7
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Attanay Milly 16. BIRTHPLACE (city or town)	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Justie 13 Johnson (Address) Comballand	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place tallerest Cim. Date Jan 14, 1933	Nature of injury
19. UNDERTAKER Imp Stem be;	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Combanda	If so, specify QP
20, FILED Jan 13, 1933 Harvey Allees	(Signed) M. D
Registrar.	(Address) Cesubuland, Mad

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Chronic interstitial nephritis	1921	Run over by street car	0.12	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	13	3 days ago
			DEA ROE I	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	y 1,1923 Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS BY PHYSICIAN
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BINDIA

MARGIN RESERVED

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Example 1	A. Page	Example 11	,
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:	1
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		SECEIVED	3
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gustroenteritis	1 year

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ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	J

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House hou chold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day Locomotive engineer,

Strtement of Cause of Death—Name, first, the DISEARTH CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted form for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. tetanus) may be stated under the head of "contributory." approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ezhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentaken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all "(Ethaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train American Medical Association.) ", "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, Committee on Nomenclature Chronic valvular etc. The contributory heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

should state Exact statement of OCCUPA-B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. ż

FOR BINDIN(

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3
County ALLEGANY	Registration Dist. No.
Village or City CUMBERLAND	No. MEMORIAL HOSPITAL St. 6 - / Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? vrs. mos. ds.
Oftoll VI	How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Dellevise Tre	iel ()
(a) Residence: No. 918 GLENWOOD ST., CIT	Y St., 6-/ Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE	21. DATE OF DEATH Jan 13/33 , 193
5a. If married, widowed, or divorced	(Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
	Jan 13, 1933, to Jan 13, 1933
6. DATE OF BIRTH (month, day, end year) JANUARY 13, 1933	1 last saw h 2 alive on Jun 13, 19.3 3; death is said
7. AGE Years Months Days If LESS than 1 day,hrs,	to have occurred on the date stated above, at b m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
sullborer ormin.	were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Inha Merine asphyria
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Missalurdy
industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
12 RIRTHPLACE (city or town) MARYLAND	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) MARYLAND (State or country)	
13. NAME whenever	
13. NAME 14. BIRTHPLACE (city or town)	Neme of operation 22001
(State or country)	Whet test confirmed diagnosis? Phy Man Was there an autopsy?
15. MAIDEN NAME THELMA HETER 16. BIRTHPLACE (city or town) MAR YLAND (State or coupley)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) MAR YLAND	Accident, suicide, or homicide?
(State or country)	Where did Injury occur?
17. INFORMANT MEMORIAL HOSPITAL (Address) CUMBERLAND. MD.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURYAD AMATION, OR REMOVAL	Manner of injury
Collgany County rope feel 3, 1933	Nature of injury
19. UNDERTAKER TOCKES STEELE SUCCESSION (Address)	24. Was disease or Injury in eny way related to occupation of deceesed?
20. FILED CORN 13 , 19 33 Planney Meine	(Signed) Anight Reynolds M.D.
Registrar.	(Address) /Z-Z- & Contraft

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Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	EOR	RURTHER	STATEMENTS	RY	PHYSICIAN
MUNICIAN	DI MUIN	LOIL	T. O. ICT III IN	DISTINGUIS	B. / A.	WAY A DA CATAL

	Acres and the second		

V. S. No. 1

1 PLACE OF DEATH	MARYLAND—	CERTIFICATE OF DEATH	37
	WITHIN CORPC	Registration Dist. No. 128. Humbird St St. 5-16 death occurred in a horpital or institution, give its NAME instead of street and nu	
2. FULL NAME Michael	.P.Hinds	sds. How long in U.S. if of foreign birth?yrsmos.	ds.
(a) Nesidence, No.	(Usual place of abode)	St., Ward. If nonresident give city or town and St	tale
PERSONAL AND STATISTIC 3. SEX	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay)	193 🕏 (Year)
5a. If merried, widowed or divorced HUSBANO of Florance. H (or) WIFE of	ardy	22. I HEREBY CERTIFY. That I attended de	
e. DAIL OF BIRTH (month, day, end year)	pt.26.1889	I last saw have alive on Jan 4 ,1933;	death is said
7. AGE 43 Months	Days If LESS than 1 day,hrs. ormin.	THE PRINCIPAL CAUSE OF DEATH and related causes of importance	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER 1.20 SAWYER, BOOKKEEPER, etc	11, Total time (yeers) spent in this	Jaba Jumania	Jun 1-33
12. BfRTHPLACE (city or town) (State or country)	Wva	Other Cuntributory Causes of importance:	
1	.s	Juffinga	A
13. NAME Machal. Hind f4. BirthPLACE (city or town) (State or country)	Wva	Name of operation Dete of Whet test confirmed diagnosis? Was there en au	
15. MAIDEN NAME Mary Gilha 16. BIRTHPLACE (city or town) (State or country)		23. If deeth was due to externat causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? Date of Injury Where did Injury occur?	
17. INFORMANT Florance. H (Address) Cumberla	nd. Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLAC	DE.
18. BURIAL, CREMATION, OR REMOVAL Place WOOdrod • Wva	Date Jan.6.1933	Manner of injury	
19. UNOERTAKER John.C. Wolfo		24. Was disease or injury in any way related to occupation of deceesed?	
20. FILEDan 6 , 1933 Mar	Registrar.	(Signed) (Address) Current famed, Wed	M. D.

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BUNE				
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-WRITE PLAINLY, TH UNFADING INK-THIS IS A PERMANE, RECORD. Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING N. B.-WRITE PLANLY, V. S. No. 1

1. PLACE O	STATE (OF MAR	YLAND-	CERTIFICATE (EATH	0020
	Allegany			Outside of @		U	0000
Village or (city Spr	ing Gap	Md	No. Limite f death occurred in a horpital or instituti		on Dist. No.	Ward
Length of res	sidence in city or town where	death occurred	yrs,mos	sds. How long in U.S. If of	foreign birth?	yrs.	mosds.
2. FULL NA	ME Charles	. S.Hous	е				
(a) Resider	nce: No. Spr.	ing Gap (Usual place	Md of abode)	St., Ward.	If nonresid	lent give city or town a	nd State
	NAL AND STATIST	TICAL PARTI	CULARS	MEDICAL CE	RTIFICA	TE OF DEATH	
Male Male	4. COLOR OR RACE White		RIED, WIDOWED,	21. DATE OF DEATH		17th.193	193
5a. If married, widow HUSBAND of (or) WIFE of	wed, or divorced Ruth			22. I HEREBY	(Month)	F Y That I ettende	(Year)
6. DATE OF BIRTH	(month, day, and year)	Sept 12	.1849	I last saw hem alive on J	an 16	198	19.00
7. AGE Yes	ars Months	Days 5	If LESS than I day,hrs. ormin.	to have occurred on the date stated The PRINCIPAL CAUSE OF DEATH were as follows:		auses of importance	1
8. Trede, profe kind of SAWYER	ession, or particular work done, es SPINNER, r, BOOKKEEPER, etc.	Far	mer	nephilist	Harl	eriosde	1930
SAW MII	business in which es done, as SILK MILL, LL, BANK, etc						
10. Date deceas this occu year)	sed last worked at apation (month and	11. Total ti spen occu	me (years) nt in this pation				
12. BtRTHPLACE (ci (State or cou		Md		Other Contributory Causes of impor	tance:		
13. NAME	David Hor	use				*****	
	E (city or town) r country)	Md		Name of operation	price	Oate of Was there as	M
15. MAIDEN NA	ME Mary St	allings.		23. If death was due to external caus	be (VIOLENCE		
16. BIRTHPLACE (city or town)				Accident, suicide, or homicide? Where did injury occur?			
17. INFORMANT (Address)	Cora. H		ng Gap	Specify whether Injury occurred in	(Specify city INOUSTRY, in	or town, county and S HOME, or In PUBLIC I	tate) PLACE.
18. BURIAL, CREMAT	ion, or removal itown • Md		20.1933	Manner of Injury			
19. UNDERTAKER (Address)	John.C Cumberl	.Wolford		24. Was disease or injury in any way	y related to occ	cupation of deceased?	No
20. FILEOLAN	120,1933	Paraly O	Registrar.	(Signed) (Address)	the	deland	(Ind
	If more	blanks are needed, a	ddress State Registrar.	2411 N. Charles Street Baltimare Real	uechna 71 C 1	No.	

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MARGIN RESERVED FOR BINDIN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (10(141)
1. PLACE OF DEATH	10090
County allegany	Registration Dist. No.
Village or City rear Hertelone	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Susie Belle In	M A A
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR ON RACE OR DIVORCED (waste the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct 4 1932	I last sawher alive on 2 and 11, 1923; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 10.30 Pm.
3 /6 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	Date of onset
kind of work done, as SPINNER, Of house SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	Pornelis premona Jan. 19
work wes done, as SILK MILL, SAW MILL, BANK, etc.	
0. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) The Flentstones (State or country)	Other Contributory Causes of importance:
1 (contract country)	Mickels from birth
14. BIRTHPLACE (city or town)	
(State or country)	Name of operation Date of
15. MAIDEN NAME Florence M. Morgan	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Decy . I Inco (Address) Flintstone md	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Green Redge Date Jan, 23, 1923	Manner of Injury
19. UNDERTAKER Eph. Smith (Address) Inglesmith	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 723 , 19 33 Dewell Registrat.	(Signed) Q. Walson M. D. (Address) Xancock, Ind
Registrar.	(//uutuoo)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilcpsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 wcck ago	
Cerebral hemorrhage	FEB -0: 1983	July 5,1927	Peritonitis	3 days ago	
	BURNAU V. S.				
Other contributory c	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

		4
for authornation to	Cleange date of	butto see
,	0	
burth contituence		
el.		

RECORD MARGIN RESERVED FOR BINDING WRITE PAINL WITH UNFADING INK-THIS IS A PERM

V. S. No.

PLACE OF DEATH	STATE OF MARYLAND
County Clegary	CERTIFICATE OF DEATH
040	Registration Dist. No.
Village or City M Quag (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME James Edwa	tion, give its NAME it- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Nonth) (Day) (Year)	that I last saw h/ alive on 1923
7 AGE If LESS than	and that death occurred on the date stated above, at /4/ D. A.m.
9) 7 (- 1 day hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	Died I - 6
B OCCUPATION (a) Trade, profession or	on an zo-
particular kind of work (N. D. L.) (b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion) wis mos Ods.
9 BIRTHPLACE (State or country) Mirange mai	Contributory Secondary M. LUNA D. W. Contributory Secondary (Durstion) yts
10 NAME OF Walter Thuson	(Signed) A Sastilla M. D.
OF FATHER LIFE	*State the Disease Causing Death, or, in deaths from
Z (State or country) W -	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.
of MOTHER Catharine Sturies	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
lital to Selinamal.	Former or usual residence
(Informant) Water Journal	19 PLACE OF BURIAL OR REMOVAL
(Address) Marog & MI	Contravage my sam/6, 1038
15 Filed Jan 15 1983 1 Bustilling Registrar	20 UNDERTAKER JURAL Theathurg Mos
If more bianks are needed, addre.s State Registral	r, 16 W Sararoga St., Balto., Requesting V. S. No. 1.

1 6.1. 2 4

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (redefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). For persons who have no occupation (b) Cotton mill; (a) Salesman. (b) Automobile factory. The material (b) The ques-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart diseasc; Example: Measles (disease etc. The contributory Nomenclature of the Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

r at t	STAJE OF MARYLAND	CERTIFICATE OF DEATH 1/1/1/42
infor- state UPA-	1. PLACE OF DEATH	98-6
	County & Lkegary 1	REGISTRATION DIST. No.
should of	to be detailed the	0.050
of sh	Village or City (Saspara & Tuesday 11 G	death occurred in a horpital or institution, give its NAME instead of street and number)
A No.	Length of residence In city or town where reath occurred () mos.	
RD. Every YSICIANS	2. FULL NAME BOWAYD, B. VOTOS	Ton o
ate Sic	(a) Residence: No. 205 Spring Of	St. 5 Ward.
band 1	(Usual place of abode)	If nonresident give city or town and State
RECOR Fract s	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RE Ex	3. SEX 4. COLOR OR BACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (12) the word)	21. DATE OF DEATH
	Male Male Singles	(Month) (Day) (Yoar)
ANENA CT	5e. If married, widowed, or divorced HUSBAND of	
	(or) WIFE of	1 HEREBY CERTIFY. That I ettended deceased from
BIN EX EX y cla	1858	10 10 10 10 10 10 10 10 10 10 10 10 10 1
BJ PEJ E ate.	6. DATE OF BIRTH (month, day, and year) 7. AGE Years - Months Days If LESS than	to here occurred on the date steted above, at
FOR BI IS A PE stated E properly certificate	I day,his.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
FOF IS A state proper	ormin.	were as follows: Date of onset
- 00	8. Trade, profession, or particular kind of work done, es SPINNER. A W 4 & V. SAWYER, BODKKEPER, etc.	Alleria
H	A Industry or business in which	Se moor,
VK-T should it may n back	work wes done, as SILK MILL, SAW MILL, BANK, etc.	no 1'+ + 1 0 00
NA Sh	10. Date deceased last worked at this occupation (month end spant in this	Myocardelia . wo Mans. Cerosis
	year) occupation (month and	
Z	12. BIRTHPLACE (city or town) LINGINT Q	Other Contributory Causes of importance:
MARGIN I UNFADI supplied. n terms, so	(State or equntry)	
MARGI UNFA supplied n terms, ee instr	13. NAME STON, Nelliam Cohnson	
TA Up up	13. NAME NOW, McChan Golmone	Name of operation Date of
· · · · · · · · · · · · · · · · · · ·	(State or country) Oparula Syrone	What test confirmed diagnosis? Was there an autopsy?
Carefully CH in pla	15. MAIDEN NAME UN Rnown	23. If death wes due to external causes (VIOLENCE) fill In also the following:
PLAINLY, Whould be carefu	16. BIRTHPLACE (city or town) Tino hostor, Va	Accident, suicide, or homicide? Dete of Injury
NLY. e. ca ATH nport	S (State or country)	Where did injury occur?
AINI Id be DEAT y imp	f + Trilcase	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
uld uld	17. INFORMAN (Address)	
F-7 (0	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
E . E	Pleco Rose Dell Date Jany 13, 1969	Neture of injury
Mation CAUSI	La of Button	24. Was disease or injury in any related to occupation of deceased?
O. I.	19. UNDERTAKER (Address) Cursus Certification (Address)	If so, specify
B N	All YIDE	(Signed) M. D.
» ż	20. FILED Rev. 1.3., 1923 (Nature) Meiso Registrat.	(Address)
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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of onset	The principal cause of death and related causes	Data of speed
	of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ogo
1921	Run over by street car	1 week ago
y 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
y 1,1923	Gostroenterilis	1 year
7	1921	921 Run over by street car 15,1927 Peritonitis Other contributory causes of importance:

MARGIN RESERVED FOR BINDING

V. S. No. 1

	STATE (OF MARY	LAND-	CERTIFICATE	OF DEAT	TH ()	0043
1. PLACE	Allegany	W	FEET GOF	PPORATE LIMITS (159)	Build if B		el
County Village or		land Md		No. 112. P . A		_St.6	Ward
2. FULL N. (a) Reside	AME Light	death occurred		ds. How long In U.S. if of			
		(Usual place of				ve city or town and	State
PERSO	NAL AND STATIST	ICAL PARTIC	ULARS	MEDICAL CE	ERTIFICATE	OF DEATH	
M M	4. COLOR OR RACE	5. SINGLE, MARRI OR SIVORCED		21. DATE OF DEATH	Jan. 19	1933	, 193 (Year)
5a. If married, wid HUSBAND of (or) WIFE of				12. I HEREBY	SERTORY	, That I attended	
6. DATE OF BIRTI	H (month, day, and year) J&	an. 13 1	933	I last saw h.M. elive on	Jen 10/2	8 33	; death is said
7. AGE Y	eers Months	Days 6	If LESS than I day,hrs. ormin.	to have occurred on the date stated. The PRINCIPAL CAUSE OF DEAT were es follows:			
8. Trade, pro	ofession, or particular f work done, as SPINNER, ER, BOOKKEEPER, etc.	• 8					Date of onset
SAW W	r business in which wes done, es SILK MILL, MILL, BANK, etc.			Treme	lure		
- 11110 00	ased lest worked at cupation (month and	11. Total time spent i occupa	in this				•
12. BIRTHPLACE ((Stete or co	(city or town)ountry)	6.30	Md	Other Contributary Causes of impor	rance:		•
™ 13. NAME	Mure	ll Kline.					
1.	CE (city or town) or country)		Md	Name of operation What test confirmed diagnosis?			
15. MAIDEN	NAME Viola.	Owens		23. If death was due to externel cause			
	CE (city or town) or country)	Md		Accident, suicide, or homicide?			
17. INFORMANT(Address)	Murell K	line Cumbe	rland.	Specify whether Injury occurred in	(Specify city or to INDUSTRY, in HOME	wn, county and Stat E, or In PUBLIC PL	e) ACE.
_	ATION, OR REMOVAL	Date Jan.	19,193	Manner of injury			
19. UNDERTAKER . (Address)	John.C.V Cumberle	Wolford		Nature of injury 24. Was disease or injury In any wa			
20. FILED au	19,133 Ro	rue A	Muga. Registrar.	(Signed) (Address)	3	, re	M. D.

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Example I			Example II	
The principal eause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were a	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	BUREAU VIB	I week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	EEE F 7 1833	3 days ago
			BECEIVED	
Other contributory causes of importance:	1	Other contributory ca	uses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year
	10000			

RECORD. Every item of inforshould state of OCCUPAstated EXACTLY. PHYSICIANS Exact statement A PERMANENT properly classified. FOR BINDING IS WITH UNFADING INK-THIS MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. 000 -WRITE PLAINLY, TION : V. S. No. 1 Ř ż

1. PLACE OF DEATH County Clegary County Clegary		0
County allegary	Registration Dist. No.	7
Village or City Teffsthing	No. Theners Histulal, St	.,Ward
Length of rasidence in city or town whera death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street mos. ds. How long in U.S. If of foreign birth? yrs.	
2. FULL NAME John	Kroll.	
(a) Residence: No. (Usual place of abode)	7. Md St., Ward. If nonresident give city or tow.	n and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the wo	ard) (, 193 3 (Year)
5a. If married, widowad, or divorced-HUSBANO of (or) -WIFE-of Calth Devore	I HEREBY CERTIFY. That I atte	nded deceased from
6. DATE OF BIRTH (month, day, and year) May 15-1883		33 ; death is said
7. AGE Years Months Oays If LESS t	to have occurred on the data stated above, at 7m.	
49. 8 // lday,	I THE FRINCIPAL CAUSE OF ULAIN and related causes of importance	10.4
8. Trade, profession, or particular kind of work done as SPINNER	Influenzi	Oate of opset
kind of work done, as SPINNER, Color Alexander	eu o	
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.		
11. Total tima (yaars) this occupation (month and	241	
year) occupation 2	Other Contributory Causes of importance:	11
12. BIRTHPLACE (city or town) Allanyland, (State or country)	Brown preumona	1/22/3:
H		
14. BIRTHPLACE (city or town) Sermany (State or country)	Name of operation	
	What test confirmed diagnosis?	
15. MAIOEN NAME Garbara Reibler 16. BIRTHPLACE (city or town)	20. If death was due to external causes (VIOL ENOL) hit in also the ton	
O 16. BIRTHPLACE (city or town) (State or country),	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT SLUDGE HILL (Address)	Whera did injury occur? (Specify city or town, county an Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLI	d State) C PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place at a Cololy contradate Just 29, 19	Nature of injury	1.91
19. UNDERTAKER De Gishlow	24. Was disease or Injury in any way related to occupation of deceased	1?
20. FILEO 1/28 , 1932 W.T. 70 Sper	(Signed) M. M. Sorrust (Address) milland ma	M. 0.
If more blanks are needed, address State Re	gistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

CTATE OF MADVIAND CEDTICICATE OF DEATH

1.6.6. 1 1

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Example 1		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF	MARYLAND-	CERTIFICATE OF DEATH (10045
1. PLACE OF DEATH	outside o	93-8
County Allegany	City Limite	Registration Dist. No.
Village or City Cumberland		No. Cumberland Md Bout 4 St., Ward
Length of rasidence in city or town whera daal		f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mrsmosds,
	.Little.	
	and Md Rout 4	St., Ward.
(a) hosidence. No.	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5	OR DIVORCED Prite the word)	21. DATE OF DEATH Jan. 27.1933
5a If married widowed or divorced		(Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of Rose Litt (or) WIFE of	le	22. I HEREBY CERTIFY, That I attended deceased from
	0	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) Jan		I last saw h alive on
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 11. AM. The PRINCIPAL CAUSE OF DEATH and related causes of importance
59 0	/ 8 ormin.	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Farmer	Organic Wears
Industry or business In which	#.S&A MISC+	(f. W. Shirt and L.
work was dona, as SILK MILL, SAW MILL, BANK, etc.		Dealhad dead
0 10. Data deceased last worked at this occupation (month and	11. Total time (years) spent in this	skeeking automatica
year)	_ occupation	Other Contributory Canaca of importance:
12. BIRTHPLACE (city or town)	Md	
(State or country)		
13. NAME Herman. Li		
14. BIRTHPLACE (city or town)(State or country)	Md	Name of operation Date of
15. MAIDEN NAME Catherin H	omnia	What test confirmed diagnosis? Was there an autopsy?
	Ma	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	MQ	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
Earl Little		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Cumberland		Specify whether thinly occurred in Thousant, in nome, of the foliate PEACE.
18. BURIAL, CREMATION, OR REMOVAL	T - 00 107	- Manner of injury
	Date Jan. 29,193	Nature of injury
John . C. Wolf		24. Was disease or Injury in any way related to occupation of deceased?
(Address) Cumberland	Ma	If so, specify of
20, FILED CON 28, 1933 70	really & Buss	(signoruse of the seas the car harmed
75	Registrar.	(Address) flass blas blas blass blas
aj more bia	uns use necueu, unuress state Registrar,	2411 A. Charles Street, Daimmore, Requesting U. J. IVO. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of of importance were as		
Arteriosclerosis	1915	Attack of epilepsy	La: V UALAU	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	E 11 m 12	3 days ago
			AGNIE39	
Other contributory causes of importance:		Other contributory cau	ses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	6004
1. PLACE OF DEATH	Uniside of The Desire of the D	
County allegange	City I imite Registration Dist. No.	4
Village or City La Valet - Cunflee la	No. St.,	Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME) illia Th.	fin a	
(a) Residence: No. Sa Dale Ya	Vard.	
(Usual place of abode)	If nonresident give city or town and	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 60 DIVORCED (aprile the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND (ac) WIFE of Married A. Dickery	22. I HEREBY CERTIFY, That I attended	deceased from
5. DATE OF BIRTH (month, day, and year)	I last sawh_in alive on June 17 593	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
51 1 27 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	I Data dansat
8. Trade, profession, or particutar kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Subscrite Bartinal Endocarditi	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Stadustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and		
10. Date deceased last worked at this occupation (month and year) 12. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) load	Other Contributory Causes of importance:	1242
13. NAME Warrial R. Lang		
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME Deblia Rogulis	23. If death was due to external causes (VIOLENCE) fill in also the followin	g:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT Man Angulla 4. Long (Address)	Where did injury occur? (Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	le) .ACE.
18. BURIAL CREMATION OR REMOVAS Place Date 19 3 2	Manner of injury	
19. UNDERTAKER Storing	24. Was disease or injury in any way related to occupation of deceased?	
20. FILEDAN 20, 1923 Carney Police	(Signed) (Signed)	M. D.
Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	1

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Example I	li li		Example II THE	M
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause o of importance were as Attack of epilepsy	f death and related causes	Date of onset
Chronic interstitial nephritis	1921	Run over by street ear		1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	NOSIN	3 days ago
Other contributory causes of importance:		Other contributory car	uses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County Office County	STATE OF MARYLAND
County Allegania	CERTIFICATE OF DEATH
- F M 1/10	Registration Dist. No.
Village or City/1000 (No. 164)	E. Main St.: Ward) a hospital or institu
2 FULL NAME Patrick J. M	10 Januar tion, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Male Single, Married, Widowed. OR Divorced (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH Aug 5, 1865	that I last saw h slive on last saw h
(Monya) (Day) (Year) 7 AGE [If LESS than	
/ 1 day hrs.	
8 OCCUPATION (a) Trade, profession or Reliant Jan M. f	Careirone, of the
particular kind of work (elled of at Collection (b) General nature of industry	lever ,
business, or establishment in which employed or (employer)	(Duration) tes. mos de
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) vis Company
10 NAME OF Righard Me Gann	(Signed) M. D.
0) 11 BIRTHPLACE OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOORE	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosde
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mary a. Mc Gann	Former or usual residence.
(Addresa) Drostogy	Is place of Burial OR REMOVAL DATE OF BURIAL
Filed / 1933 a. R. Harker	20 UNDERTAKER ADDRESS / Funthing
	1. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specimental laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a especially in industrial employments, it is neces-For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury Whooping cough; American Medical Association.) Never report mere symptoms or terminal condi-Chronic valvular etc. The heart disease; contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificats is permanently filed.

(Year)

-14-00		/	(. 40 0 0 0 0 3 3)	972014010	0,00		
4							
C AI-	Daguertone 971	Raleimara 1	Charles Street B	Registrar, 2411 N.	address State	blanks are needed.	If more
	Requesting U.	Daimmore, 1	Linaries Street, D	Tregistial, Tail IA.	MARKETS OFFICE	Comments and toccords	-3

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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SURVAU V.B.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
Guestovico	111491,1020	Change College, and	x your	
			Maria .	

BINDIN

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			2 2

ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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	Muy 1,1020	distribution	1 year

vi

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEE 7 1983	July 5,1927	Peritonitis	3 days ago
	BUREAU V.S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	15 X	PHYSICIAL
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FOR BINDIN

MARGIN RESERVED

V. S. No. 1 N. B.

Gracie

		CERTIFICATE OF DEATH 00053
1	. PLACE OF DEATH	(201-700)
	County Allegany, WITHIN COI	RPORATE LIMITS Registration Dist. No.
	Village or City Cumberland, Md,	No. Memorial Hospital St. 6-/ Ward
	(lif	death occurred in a hospital or institution, give its NAME instead of street and number)
		3ds. How long in U.S. if of foreign blrth?yrsmosds.
2	. FULL NAME Mr. John Milavec,	My well a
	(a) Residence: No. Shallmar Md (Usual place of abode)	St., Ward
2.40	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH.
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	Male White OR DIVORCED (write tha word)	January 1. 193 3.
5a.	Married Married	(Month) (Day) (Yaar)
	HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
	Frances Sinkavec,	Je 18, 1932, to flen 1, 1933
_	DATE OF BIRTH (month, day, and year) July 6, 1887.	I last saw h alive on Alex 31 , 1932; death is sald
7	AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 12.7 m.
	45 15 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:
2	8 Trada, profession, or particular kind of work dona, as SPINNER,	Date of onset
	SAWYER, BOOKKEEPER, etc. Miner	Intumary Idema -
70	9. Industry or businass in which work was done, as SILK MILL, Shallmar Mining Co SAW MILL, BANK, atc.	Campaind partine
2	19 Data deceased last worked at 11. Total time (years)	3 most - upper x lone
)	this occupation (month and spent in this year) occupation	Jaws-tositusedulect
10	DIDTIDI ACC / its and the second	Other Contributory Causes of importance:
12.	(State or country) Europe,	Cool mue accel
2	13. NAME John Milavec	
-	14 DIDTUDI ACE (eith or four)	Name of a caration
-	14. BIRTHPLACE (city or town) Europe	Nama of operation Data of
בא	15. MAIDEN NAME Unknown	What tast confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill In also the following:
		Accident, suicide, or homicide?
E	16. BIRTHPLACE (city or town) (State or country) Europe	Whera did injury occur?
	36 7 77 - 91 - 7	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17.	(Address) Cumberland Md.	Specify whether injury occurred in thousant, in house, or in Public Place.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury tail & roofs - Zuml
	Place Class M Jq Data Law 4 1933	Natura of injury
10	UNDERTAKER Ollip Sharfless	24. Was diseasa or injury in any way related to occupation of daceased?
J.	(Address) Bloom 11/76	If so, specify
20	susselan 3 103 & Barren Al D.	(Signed) W. G. Trace M. D.
/	Registrar.	(Address) Curffill 2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1 É	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
BURBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

RESERVED

MARGIN

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsu 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL CDACE BOD BUDDIED CHAREMENTS DV DIVOICIAN

ADDITIONAL S	I ACE FOR	FURTILER SI	LAIEMENIS DI	IIIISICIAN	
			30		

	WITH sefully s	
	4. B.—WRITE PLAINLY, WITH mation should be carefully s	A TICLE THE PARTY OF THE PARTY
J)	RITE PI	TICLE STATE
. S. No. 1	I. B.—W	7 5

STATE OF MARKELAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-2
County Leegans Lilling	Registration Dist, No.
Village or City Quel berfound 8	M No. Valley Troad St., Ward
Length of residence in city or town where death occurred 6.7 Ars	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME acer ad 4. d	Hicker
(a) Residence: No. Vally (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male Mules Married	(Month) (Dey) (Year)
5a. If marriad, widowed, or divorced HUSBANO of	22. / I HERBBY CERTIFY, That I attanded deceased from
(or) WIFE of	Jan 11 19.33 to Jan 19 19.33
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on Jan 16 , 19 3 death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2. Fm
69 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER	A. A. T.
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dale deceased last worked et this occupation (month end	Millio-Silliasia Unitalged Jan 1832
work was done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month end spant in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Inno extension extand	Other Contributory Causes of Importance.
(State or country)	la Myorarelle / June 482
14. BIRTHPLACE (city or town) 14. City or country (State or country)	
4. BIRTHPLACE (city or town) - Level Color	Name of operation. Date of
(State of Country)	What test confirmed diagnosis? Junguess. Was there an outopsy? NO
15. MAIOEN NAME OF RECOMMEND OF THE COMMENT OF THE	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) Services (Stete or country)	Accident, suicide, or homlcide?
mic de min	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT 1173 CANAL A 1 1 (COV)	Specify whether injury occurred in Introduction, in nome, or in Public Place,
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Krose Jell Mangele Jan 2/1933	Nature of Injury
19. UNDERTAKER D. D. Butter	24. Was disease or Injury in any way related to occupation of deceased? W
(Address) Ambula a ma	If so, specify
20, stown of 1933 (Harvey & Beier	(Signed) M. D.
Registrar.	(Address) (f. 26 MM)
If more blanks are needed, address State Registrar	2412 N Charlet Street Relaimore Requesting 91 S No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
REPERT V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	STATE C	F MARY	LAND-	CERTIFICATE OF DEATH	0
1. PLACE	OF DEATH	-		0005	10
County	Allegeny			Registration Dist. No. 6	
	City Latra Wester	4	(]f yrs,mos	No. St., St., death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos.	Ward
	AME Joan P. ence: No. Church		abode)	St., Ward. If nonresident give city or town and State	
PERSO	NAL AND STATIST	ICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
Male	4. COLOR OR RACE	5. SINGLE, MARRIS OR DIVORCED (write the word)	21. DATE OF DEATH Januar (Month) (Day) (Yea	
5a. If married, wide HUSBAND of (or) WIFE of	owed, or divorced Chritine	Richter .	Miller	22. I HEREBY CERTIFY. That I ettended deceased	from
		ct. 10,1		I last saw him alive on fan 14 , 95 A	s sald
	eers Months	Days	If LESS than 1 dey,hrs.	to have occurred on the date stated above, at 4:20 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importence	
59	1 2	28	ormin.	were es follows:	onse
SAWYE 9. Industry o Work w SAW N 10. Date dece	fession, or particular f work done, as SPINNER, ER, BOOKKEEPER, etc	Retired Operator 8 11. Total time spent in occupa	e (years) in this	aproplexy (Cereber) Hemarifia	2/3
12. BIRTHPLACE ((State or co	city or town) Accide	nt.id.		Other Contributory Causes of importance:	/32
13. NAME	Melchor J. M	ellor			
13. NAME 14. BIRTHPLA (State	CE (city or town)Ger	many		Name of operation Noxe Date of	No
15. MAIDEN N	NAME Barbara	Everline	9	23. If deeth wes due to external ceuses (VIOLENCE) fill in elso the following:	
15. MAIDEN N 16. BIRTHPLA (State	CE (city or town)ltor country)			Accident, suicide, or homicide?, 19 Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT (Address)	Mrs. Carist	ine lille	id.	Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.	
	ation, or removal coident, a.d.		1 lû, 19 53	Manner of Injury	
19. UNDERTAKER (Address)	W.H.Fredl Piedmon	ock t. W. va.	J	24. Was disease or injury in any way related to occupation of deceesed? The lift so, specify Signed	. M. D.
20. FILEDICE	14 30	zmbah	Registrar.	(Signed) Fiedmont W. Va	M. D

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURKEO			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Registrar.

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Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	GENEDER	3 days ago
Other contributory causes of importance:		Other contributory c	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

MARGIN RESERVED FOR BINDING

V. S. No. B.

STATE OF MA	RYLAND-	CERTIFICATE OF DEATH 00058
1. PLACE OF DEATH		107-01)
County allegheny		Registration Dist. No. 2
Village or City Rawlings	(1	NoSt.,Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred.	4.4	sds. How long in U.S. If of foralgn birth?yrsmosds.
2. FULL NAME Leonge Tro	ver War	eland
(a) Residence: No. (Usual pl	ace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVOI	ARRIED, WIDOWED,	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowad, or divorced HUSBANO of (or) WIFE of		22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) Oct 6	1930	I last saw harman alive on 2 , 1933; death is said
7. AGE Years Months Days 2 2 2 2	If LESS than f day,hrs.	THE PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	; VIHIII.	Broncho-Grennoma (2/31/32
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and		
	al time (years) spent in this occupation	
12. BFRTHPLACE (city or town) Rawling (Stata or country)	f-1	Other Contributory Causes of importance:
13. NAME Gener & More	Land	
13. NAME Tonge 6 More 14. BIRTHPLACE (city or town) Pave to (State or country)		Name of operation Name Date of
I 15. MAIOEN NAME Bale L BL	Mu	What test confirmed diagnosis?
15. MAIOEN NAME BLEL DE 16. BIRTHPLACE (city or town) Pawle (Stata or country)	75	Accident, sulcide, or homicide?
17. INFORMANT Gev. C. Morela (Address) Payline	nd	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Bies as	gan 4, 1903	Manner of Injury
19. UNOERTAKER Allackwood (Address) Reyser	Sons L.Va	24. Was disease or injury in any way related to occupation of decaased? No.
20. FILEO //3/ ,1933 mely	Registrar.	(Signed) My a High, M.D. (Address) Sterper, Ha

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			•

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	154	

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH should County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) S Length of residence in city or town where death occurred How long in U.S. If of foreign birth? statement RECORD. (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIOOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Year) 5a. If married, widowed, or divorced BINDIN HUSBAND of EREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at ____ I day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Oate of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... NO RESERVED OCCUPAT 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc...... back may 10 Oato deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation. instructions 12. BIRTHPLACE (city or town) MARGIN (State or country) FATHER 13. NAME Name of operation 14. BIRTHPLACE (city or town) 0 (State or country) carefully What test confirmed diagnosis?.. ----- Was there an autopsy?____ D MOTHER important. 15. MAIDEN NAME in. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury_______19__ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? ___. DEA (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, CREMATION Manner of injury CAUSE mation Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNOERTAKER (Address) If so, specify (Signed) 20, FILED. Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	QUUI D.	3 days ago
			the second second	11/2
	1		43 St / W	
Other contributory causes of importance:	1	Other contributory cau	ises of importance:	
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7 198				
Other contributory causes of importance:		Other contributory causes of importance:	<u> </u>	
Gallstones PUREAU	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state RECORD. Exery item of infor-Exact statement of OCCUPAstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. BINDING IS A PERMANE certificate. FOR TH UNFADING INK-THIS MARGIN RESERVED AGE should be See instructions on back of mation should be carefully supplied. TION is very important. WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00061
1. PLACE OF BEATH	92.00
county allegous	Registration Dist. No.
wind wind city of breater bork les	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or the other death occurred yrs mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME COULT	guar
(a) Residence: No. / Curry (Usual place of abode)	St., Ward: If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLY, MARRIED, WIDOWED. OR DWORCED (write the word)	21. DATE OF DEATH 20 193 3
5a. It married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
0 20 102	Killy 30 732, 1037 23, 19
6. DATE OF BtRTH (month, day, and year)	I last saw h. alive on 195 death is said
7. AGE Years Months Days If LESS than I day,	to have occurred on the date stated above, \$1
Ormin.	were as follows:
8. Trade, protession, or particular kind of work dona, as SPINNER,	Colo And And Alter
SAWYER, BOOKKEEPER, etc.	Must a die Coil
work was done, as SILK MILL, SAW MILL, BANK, etc.	Market Committee
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Other Conditionery Caneca Of Impurioner.
(State or country)	
13. NAME 14. BIRTHPLACE (city or tewn)	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19
(States of County)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT MIS VALLE MOVE	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Westurfor West	M 41.1
Place Costembors out Jan 77 1933	Manner of injury
all Mars Com	
19. UNDERTAKER Address) Patellin with Cl (1)	24. Was disease by Mjury in any way related to occupation of deceased?
4 /2 201	(Signed) horman Reeves 1 M.
20. FILED Registrar.	(podress) (Siedman) 72.10
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	YAU	SECRETARIES	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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L	Example II	
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1921	Run over by street car	1 week ago
July 5,1927	Peritonitis 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

For auctionization to change e	181. of death + 1433	
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0	//20	11.72

PHYSICIANS, should state Exact statement of OCCUPA. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH-in plain terms, so that it may be

1. PLACE OF DEATH	CERTIFICATE OF BEATTI 60063
County allegacer WITHIN CORPO	BATE LIMITS - Decidential District
Village or City Level relaced	No. 7/1 Green St. St., / Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Que Fren Mier	
(a) Residence: No. 7/1 heer st (Usual place of abode)	St., / Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH arr. // 1933 (Month) (Day) (Year)
Sa. If married, widowed, or divorced	(month) (bay) (feat)
HUSBAND of (or) WIFE of Clara Sell	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Law, 16, 1864	I last saw here alive on account 11, 1903; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 122m.
68 11 √5 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER,	Cerebril Wessershory
SAWYER, BOOKKEEPER, etc.	9 Day.
Nindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	/
U 10. Dato deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Level Land	Other Contributory Causes of Importance:
(State or contry)	Corracy Porsable Disers
13. NAME Solve Nies	artereselven
13. NAME Solve Nes 14. BIRTIPLACE (city or town)	Name of operation Date of
(State or country) Hermany	What test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME Barbara Culsus	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
State or country)	Where did injury occur?
17. INFORMANT Mrs Clara Nies T	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place St Pt Cause Date par 14, 1932	Nature of injury
LA HADDOTAND LA . A	24. Wes disease or Injury In any way related to occupation of deceased?
19. UNDERTAKER Occas Alexandras	If so, specify
Land 13 . 23 (Alas All Marine	(Signed) Kas. It games M. D.
20. FILED LAW 3, 1933 NURBLE NY LILLAN Registrar.	(Address) Cumbon Janes (M)
76 more blanks are model all a Court Discourt	17 Ct 1 C P. L P

STATE OF MADVI AND CEDTIFICATE OF DEATH

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FEB 7 1933	1		
Other contributory causes of importance:	and the second	Other contributory causes of importance:	
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item of plnods S statement PHYSICIAN Exact classified CT BINDIN E properly RESERVED may plnods MARGIN plain carefully DEATH should be OF

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STATE OF MARYLAND—CERTIFICATE OF DEATH

(Yaar)

Date of enset

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			ROBIARE	.3	
Other contributory causes of importance:		Other contributory caus	ses of importance:		
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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
		100	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
**		*7	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	00086
County Allegary	Registration Dist. No. /2
Village or City ?) I Chrake fro:	No. St. Ward
Length of residence in city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number) nosds. How long In U.S. if of foralgn birth?yrsmosds.
2. FULL NAME CLANUS and P	the
(a) Residence: No. 19 Landike Md	Sta- Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 10 ch (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased from
ungle	march 1 1 1932, 10 Jan. 10th 1933
6. DATE OF BIRTH (month, day, and year) March 23, 1896	I last saw h La alive on Jan. 19 th 1938 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7.4m.
39 9 17 1 day,h	mere se follows:
9 Trade profession or particular	Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	Carcinous of literus 3/1/32
9. Industry or business in which work was done, as SILK MILL.	
SAW MILL, BANK, etc.	
11. Total time (years) spent in this occupation (month and year)	na
12. BIRTHPLACE (city or town) Test Virginia (State or country)	Other Castributary Causes of importance:
13. NAME Pletcher, Co. Portlor	
13. NAME Fletcher, C. Satton 14. BIRTHPLACE (city or town) Skest Dirginia	Name of operation Date of
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME MAINTHAN MARS	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Such Virginia	Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Miss. Cleans & Belly (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placa Listo Cesmely Date Av. 13, 103	Nature of injury
19. UNDERTAKER De Chlama Ind	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jan 11, 1933 R.J. Juken Registrar.	(Signad) M. J. M Corrust M. D. (Address) milland - many land
	21, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis 4	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDIN

FOR

RESERVED

MARGIN

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of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
310	Attack of epilepsy	1 week ago
921	Run over by street car	1 week ago
5,1927	Perilonitis	3 days ago
1 1023	Other contributory causes of importance:	1 year
		Other contributory causes of importance:

item of infor-should state of OCCITPA PHYSICIANS CORD. Every stated EXACTLY MARGIN RESERVED FOR BINDING TH UNFADING INK-THIS IS A PERMANE AGE should be supplied. mation should be carefully supplied CAUSE OF DEATH in claim terms -WRITE PLAINLY, V. S. No. 1

N. B.

(Address)

County Village or C	Allegan	y Land. Md		No. 624 Was	Registration Dist. No.	00008
Length of resi	Anna	deeth occurred		ds. How long in U.S. If of		
(a) Residen	Carminan	land. Md		St., / Ward.	If nonresident give city or town	and State
PERSON	IAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CI	ERTIFICATE OF DEAT	Н
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED,	21. DATE OF DEATH	Jan. 12.	1933 (Year)
5e. If merried, widow HUSBAND of (or) WIFE of	Douglas	Percy			CERTIFY, Thet I etter	
6. DATE OF BIRTH 7. AGE Yea	(month, dey, and yeer)	Feb. 17	. 1852	I last saw h alive on to heve occurred on the date state	1-11=30.4	; death is
80	10	26	1 dey,hrs.		H end releted ceuses of importence	Date of on
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			Unterio	Delerosio	> Au	
- [1113 0000	L, BANK, etced last worked et pation (month and	11. Total t	ime (years) nt in this upetion			Rus
12. BIRTHPLACE (ci	ty or town)	RHODEISL	AND	Other Coutributory Causes of impo	rtance:	
	Jiles.					
13. NAME JILES. 14. BIRTHPLACE (city or town) Manchater (State or country) Mass			Name of operationWhet test confirmed diegnosis?	Ry For and Was there	_	
15. MAIDEN NA	ME Sylavil	la.Stole	y		ses (VIOLENCE) fill in elso the follo	
15. MAIDEN NAME Sylavilla.Stoley 16. BIRTHPLACE (city or town) Rhodeisland (Stete or country)			Accident, suicide, or homicide? Where did injury occur?	Date of injury		
I7. INFORMANT (Address)	YHART Percy Cumberla			Specify whether injury occurred in	(Specify city or town, county and INDUSTRY, in HOME, or in PUBL)	I State) C PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place Rose Hill Date Jan. 14.1933			Menner of injury			
19. UNDERTAKER	John.C.Wo.			24. Was disease or injury in any wa	ay related to occupation of deceesed	, no

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If so, specify

(Signed)

(Address)

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Cerebral hemorrhage	July 5,1927	Peritonitis Caral	3 days ago
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	,,		

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MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	OZA DEMINI
11/1/2	(10)
County Clegany	Registration Dist. No
	NoSt., Wat f death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurred yrs	sds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME ANNES Puckers	
(a) Residence: No	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tyle word)	21. DATE OF DEATH (Month) (Oay) (Year)
ia, If married, widowed, or divorced HUSBANO of	(1.57)
(or) HIFE of Jeannelle Fardner	1 HEREBY CERTIFY, That I attended daceased fro
B. DATE OF BIRTH (month, day, and year) Dely 25. 1854	l iast saw have alive on least saw in 1932 death is sa
AGE Years / Months Days If LESS than	to have occurred on the date stated above, at 5 /2 m.
70 11 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade, profassion, or particular	wera as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Chronic Perorelistes
9. Industry or business in which	- Committee destructions
work was dona, as SILK MILL, SAW MILL, BANK, etc	-
year) occupation 3/ year	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) May land	Other sounds, caree of importance.
(State or country)	
13. NAME ON FICKEN 14. BIRTHPLACE (LILY OF TOWN)	
14. BIRTHPLACE (kity or town)	Name of operation Data of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elizabeth (Bell	23. If death was dua to external causes (VIDLENCE) fill In also tha following:
15. MAIOEN NAME Elizabeth (Rell.) 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, Date of injury, 19
(Stata or country) Scotland	Whera did injury occur?
7. INFORMANT MISS Marion Pickery (Address) Considering Miss	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, DR, REMOVAL	Manner of injury
Place Out Hell Cureley Date Flor 2, 19.3	Nature of injury
9. UNDERTAKER M: Gichhoru (Address) Cinapprina	24. Was disease or injury in any way related to occupation of deceased?
10. FILED My 31 33 E. Don Vallorund	(Signed) Herry M. Hodgs M.
Registrar.	(Address) - Landerson - Sand

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastrocnteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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OCCUPATION

FATHER

MOTHER

BINDIN

ERTIFICATE	OF DE	ATH	000/1
No. Allegany F arh occurred in a horpital or instituted. ds. How long in U.S. if o	Hospital tion, give its NA f foreign birth?	ME instead of stre	St., Ward et and number) ds.
MEDICAL C	ERTIFICA	TE OF DEA	ТН
1. DATE OF DEATH	Jan.	26.1933	3
		(Day)	, 193(Year)
2. HEREBY	(CERTI	FY, That I att	tended deceased from
I last saw h alive on	Just.		324; death Is soid

(a) Residence: No. DO! ROSE	(Usual place of abode)	St., Ward. If nonresident give city or town and St	ale
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH Jan. 26.1933 (Month) (Day)	93(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single	•	22. HEREBY CERTIFY, That I attended de	,
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 47 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Invisury or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at 11 · 30 mPm The PRINCIPAL CAUSE OF DEATH and related causes of importance	-,
year)	11. Total time (years) spent in this occupation	Other Contributory Causes of importance: Chancis Intersticis rephrifs	1927.
	rt		
HE 13. NAME John. Reinhar 14. BIRTHPLACE (city or town) (State or country)	Md	Name of operation Date of What test confirmed diagnosis? Was there en aut	opsy?
15. MAIDEN NAME Lucinda. 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Michal Reinha (Address) Cumberland.	Md	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	, 19
(Address) Cumpertaind. 18. Burial, Cremation, or Removal Place SS.P.&.Paul D		Manner of injury	
19. UNDERTAKER John.C.Wolfor (Address) Cumberland 20. FILED 20. FILED 21. 19.33	. Md	24. Was disease or Injury In any way related to occupation of deceased? If so, specify (Signed) (Address) (Address)	M, D

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Registrar.

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Example I	i i	Example II		
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		Ga/	0 0	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE	OF MARYLAND—	CERTIFICATE OF DEATH	012
1. PLACE OF DEATH	TALEBURATE CONT.	PODATE LIMITED	ef.
County Allegan	y WINFILL COP	RPORATE LIMITA Registration Dist. No.	
Village or City Cumb	deland, md	No. Allegany As pital St., If death occurred in a hospital institution, give its NAME instead of street and n	War
Length of residence in city or town where	death occurredyrsmo	s	os
2. FULL NAME MASSE	Louise Rhode	hours	
(a) Residence: No. Paux	Par St. Va	St. Ward.	
(a) Nesidence. No.	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (awrite the word)	21. DATE OF DEATH	2
Temale It Lite	Single	(Month) (Day)	, 193 (Yoar)
5e. If married, widowed, or divorced HUSBAND of	7		
(or) WIFE of		22. I HEREBY CERTIFY. That I attended	deceasad fro
n	10. 2-1918	000000000000000000000000000000000000000	. 19.3
6. DATE OF BIRTH (month, day, end year)	lay 2-1,110	Trast saw new on 1909	; deeth is se
7. AGE Yaers Months	Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at	
X214 8	2 4-ormin,.	were es follows:	Date of ons
8. Trade, profession, or perticular kind of work done, as SPINNER,	fol 0 2 . 0,	Author Charles	
SAWYER, BOOKKEEPER, etc.	server give	Promo Milmon -	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and			
Date deceased last worked at	11. Total time (years)		
this occupation (month and yeer)	spant in this occupation		-
190	1-51	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	NV VA		
13. NAME TO SINGLE	Rhondiss		
E	Canada	Name of operation. When Date of	
4 14. BIRTHPLACE (city or town) (State or country)	arjuna.	Whet test confirmed diagnosis? Blast Sugar Was there en a	włanawa M
15. MAIDEN NAME Toma	Shinner	23. If deeth was due to external causes (VIOLENCE) fill in also the following	
H C	Care Paris	Accident, suicide, or homicide? Data of injury	
(State or country)	45150	Where did injury occur?	, 19
m. 5.	RY dear	(Specify city or lown, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL)	
17. INFORMANT / CALL (Address)	Paracel	Specify whether injury occurred in Thousand, in nome, of the Public Pla	AUC.
18. BURIAL, CREMATION, OR REMOVAL	van wee	Manner of injury	
Place Haver De Gras	V Date 1 27 193	Neture of injury	
G C B	+1		1)
19. UNDERTAKER	land med	24. Was disease or injury in any way related to occupation of deceased? . V	
(Address)	- Call	If so, specify (Signed) Welfslake,	
20. FILED 20 7 , 1933 199	Registrar.	(Address) 122 Blokers S. Cumb	e lace
	Revillar.	(MUUIGS) at a transport of the first of the	THE PARTY OF THE P

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitial nephritis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory eauses of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

B

14. BIRTHPLACE (city or town)

Neal . Nixon .

Cumberland Md

John.C.Wolford

Green Mount (m Date Jan. 8.1933

Cumberland Md

15. MAIDEN NAME Lucindy . Rice

(State or country)

16. BIRTHPLACE (city or town) ____ (State or country)

18. BURIAL, CREMATION, OR REMOVAL

(Address)

19. UNDERTAKER

MOTHER

(Year)

Date of onset

her Contributary Causes of Importance:	
4 honotom	
me of operation	Date of
at test confirmed diagnosis?	Was there an autopsy?
If death wes due to external causes (VIOL)	ENCE) fill in also the following:
cident, suicide, or homicide?	Date of Injury
ere did injury occur?(Specification of the control of t	y city or town, county and State) Y, In HOME, or In PUBLIC PLACE.
Was disease or Injury In any way related so, specify (Signed) (Address)	to occupation of deceased? M. E.
N. Charles Street, Baltimore, Requesting U	. S. No. 1.

Registrar.

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23.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		A hard and	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDIN

FOR

RESERVED

MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		BECEINED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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STATE OF	MARYLAND—CERTIFICATE OF DEATH	

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U	V	V	0	U	

1. PLACE OF DEATH County Allegany	IN CORPORATE LIMITS Registration Dist. No.
Village or City Cumberland. Md	No. 5 Princton. St St., &-/ Ward (Il death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Riggleman	mosds. How long in U.S. if of foreign birth?yrs,mosds.
(a) Residence: No. Cumberland • M.C. (Usual place of abode)	St., 6 -/ Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
Female 4. color or race 5. single, married, with	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May. 4. 1928	last saw he alive on for 9 pm, 1933; death is seid
	to have occurred on the date stated above, etm, The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decesed last worked at this occupation (month end spant in this	Janes Jan.1,
yeer) occupation	Dther Contributory Causes of importances
13. NAME John . Jugglemanl	
13. NAME John • Jugglemanl 14. BIRTHPLACE (cfty or town) (State or country)	Name of operation. What test confirmed diagnosis? Wes there an autopsy School
15. MAIDEN NAME Eva Sherman.	23. If death was due to external causes (VIOLENCE) fill in also the following:
Eva Sherman. 15. MAIDEN NAME Eva Sherman. Wva (State or country)	Accident, suicide, or homicide? Date of injury, 19
John. Riggerman. (Address) Cumberland. Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. Burial, CREMATION, OR REMOVAL German. Beneficial Jan. 9.33	Manner of injury
John.C.Wolford 19. UNDERTAKER Cumberland. Md	24. Wes disease or injury in any way related to occupation of deceased? 200
20. FILED SMY, 1933 Baruly M. R.	(Signed) . M. D. gistrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsu 1 week ago Chronie interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

6	10	10	Lay	0
U	U	0	6	0

	Length of res	Allegany City Cumberland sidence in city or town where d ROBER	eath occurred	(I) yrsmos JAMES	PRPORATE LIMITS Registration Dist. No. No. Memorial Hospital St. W death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos.
		nce: No. OLD'L	(Usual plac		St., Ward. If nonresident give city or town and State
3. S		AL AND STATISTI			MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
	IALE	WHITE	OR DIVORC	RRIED, WIDOWED, ED (write the word) NGLE	(Month) (Day) (Year)
5a.	If married, widow HUSBAND of (or) WIFE of	wed, or divorced			1 HEREBY CERTIFY, That I attended deceased of the second o
6. D	ATE OF BIRTH	(month, day, and year) A	ugust :	18, 1913	I last saw h alive on 19.5.3 : death is
7. A		ars Months	Days	If LESS than	to have occurred on the date stated above, at
	19	4	15	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
1	10. Date decease this occupaar) BIRTHPLACE (c (Stata or cou	intry) MAR	Sp	time (yaars) ant in this upation	Other Contributory Causes of importance:
FATHER		E (city or town) MARYI	AND		Name of operation
×	15. MAIDEN NA	WITTOON	FLORE	NCE	What test confirmed diagnosis? Was there an autopsy?
	16. BIRTHPLACI (State o	E (city or town) MARYL r country) MARYL MEMORIAL HOS CUMBERLAN	AND		23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?
18.	Placa Placa	atom in	Date Jan	J 3 ,1933	Manner of injury
	UNDERTAKER (Address)	3,193 V	m In Capacital	H Decs Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address) 24.11 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II		
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Chronic interstitial nephritis - 7 930	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURGAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

V. S. No.

STATE OF MAR	YLAND-CERTIF	FICATE OF	DEATH
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00077

1. PLACE	OF DEATH		(59)	/
County.	ALLEGANY	WITHIN CORP	ORATE LIMITS Registration Dist. No.	4
Village	or City CUMBERLAN	D	No. MEMORIAL HOSPITAL St.	6-/ Ward
Longth	f englishmen in alter as to the state of the	(II	death occurred in a hospital or institution, give its NAME instead of street	and number)
			ds. How long In U.S. if of foreign birth?yrs	mosds
	NAME James Frank	ACTION AND ACTION ACTI		
(a) Res	idence: No. 216 Arc	a Street, City (Usual place of abode)	St., 6 - 7 Ward. If nonresident give city or town	and State
PERS	ONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEAT	Н
Male Male		SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Married	21. DATE OF DEATH January 7 (Month) (Day)	, 193_3
5a. If married, w HUSBAND (or) WiFE			22. OLE RO 1933 to land	
6 DATE OF RIE	RTH (month, day, and year)	ptember 8,1856	1 /2	; daath Is said
7. AGE	Years Months	Days If LESS than	to have occurred on the date stated above, at 9:55Am.	, doatii 15 \$ai(
	75 3	29 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, p	of work dona, as SPINNER,		Che hephiles ines	Oate of onset
SAW	YER, BOOKKEEPER, etc	etired	arenta	1931
Worl	or business in which k was done, as SILK MILL, MILL, BANK, etc.	& 0. Man		
10. Date de	occupation (month and	11. Total time (years) spent in this occupation		
o DIRTURI LO	E (city or town) MARYLAN		Other Contributory Causes of importance!	1000
	country)		4 arleria - delevires	1922
I I3. NAME	Jermiah Rob	ertson		1922
	LACE (city or town) Maryl	and	Nama of operational parts and the Copy to the Water Was there	
15. MAIOEN	NAME Mariah Dear			
	LACE (city or town)	Land Landy	23. If death was due to external causes (VIOLENCE) fill in also the follo Accident, suicide, or homicide? Date of injury	
E (Sta		ınknown	Whera did injury occur?	47
17. INFORMANT (Address	A 3 3	s Donnelly Md.	(Specify city or lown, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CRE	mation, or removal cee Mount		Manner of Injury	
19. UNDERTAKE			24. Was disease or Injury in any way related to occupation of deceased	ho
20. FILED an	9 ,1533 Far	Registrar.	(Signed) Currebal and	for of M. D
7	If more blank		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB. 7 BSS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
A			

STATE OF MARYLAND—	CERTIFICATE OF DEATH	0078
1. PLACE OF DEATH County Clegany	RPORATE LIMITS (1023) Registration Dist. No.	4
Village or City Out be Iland	No. Allegany Loplan, death occurred in a hospital of pastitution, are its NAME isseed of street and	Ward
	7 ds. How long In U.S. if of foreign birth? yrsn	
2. FULL NAME Densy Rober	4	
(a) Residence: No. Long Sidge (Usual place of abody)	St., Ward. If nonresident give city or town an	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male A COLOR OR RACE S. SINGLE, MARKED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH anwary (Month) (Day)	, t93.3 (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. THEREBY CERTIFY, That I attended	deceased from
5. DATE OF BIRTH (month, day, and year)	Plast saw h J m alivo on Jan 016 1933	; death is sald
AGE Years Months Days If LESS than I day. hrs.	to have occurred on the date state above, at 1/1204.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession or particular		Date of onset
SAWYER, BDDKKEFFR, etc 19. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month) and spend in this security.	Chrom's Broudules	int
O. Date deceased last worked at this occupation (month and year)		(43
12. BIRTHPLACE (city or town)	Gther Coutributery Causes of importance:	0
(State or country)	Juanium.	1'ass
13. NAME Anny Takey 14. BIRTHPLACE (city or town) (State or country)	acuspina	year
(State or country)	Name of operation Date of_	
	What test confirmed diagnosis? Was there an	
16. BIRTHPLACE (city or town) Hammel mind	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury	-
17. INFORMANT (Address)	Where did injury occur? (Specify city or town, county and St. Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC P	nte) LACE,
18. BURIAL, CREMATION, DR REMOVAL Place Manchely Md Date Jan 18, 1933	Manner of injury	
19. UNDERTAKER J. Lenkeynen. (Addjoss)	24. Was disease or injury in any way related to occupation of deceased? If so, specify	
	of the livering	-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU	λ		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE 1	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDIN

FOR

RESERVED

MARGIN

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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I	Example I		Example II	
The principal cause of de of importance were as follows:	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FEB 7 1933	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
1,	April 1 p. 144 July 1			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING WITH UNFADING INK-THIS IS A PERM V. S. No. 1 N. B.--

PLACE OF DEATH	STATE OF MARYLAND
County Celleguery	© CERTIFICATE OF DEATH
J. at a.	Registration Dist. No. /2
Village or City Widlalla (No	St.: Ward) (If death occurred In a hospital or Institu-
2FULL NAME George Schomber	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Midnut WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 31 st
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 28 1983. to June 3/4 , 1923, that I last saw h sizelive on June 28 , 1932,
7 AGE 90 yrs. 2 mos. /8 ds. or min.?	
(a) Trade, profession or Retried Cool humin	Certais selezares
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) 3 yrs. mos. de.
9 BIRTHPLACE (State or country) Pennsylvania	Contributory Secondary (Duration) yrs mos ds
10 NAME OF FATHER MIREUOUN	(Signed) M. D. Advinatt M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER UNENOUN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
(Informant) Fruk Berridge	if not at place of death? Former or usual residence
(Address) midland hid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Tel. 2nd, 1933
15 Filed Sel. 12 1982 Rossistrar	m. & R. Durch Tracking his
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto,, Requesting V. S. No. 1.

4.00 CB

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enr," etc., Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia (a) the kind of work and also (b) the -Coal mine, etc. not gainfully em-Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be American Medical Association.) approved (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Atrophy," "Collapse," "Coma," "Convulsions, peritonacum, etc., Never report mere symptoms or terminal condi interstitial nephritis, etc. FOR VIOLENT DEATHS State MEANS OF INJURY by cough; Committee on Nomenclature Chronic Carcinoma, Sarcoma, etc., of valvular heart The Always qualify all contributory disease;

If his certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SCEIVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00081
1. PLACE OF DEATH	122-6
County Allegary	Registration Dist. No.
Village or City Maneral Orapetal	No. Trosting St., Ward
1	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME beeth Shey	skefark
(a) Residence: No Borden Mines mo	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
53. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of (Or)	22. I HEBEBY CERTIFY That I attended deceased from
malerred 1 Way	JON 10 ,1933, 10 Jan 11 ,193;
6. DATE OF BIRTH (month, day, and year) (ung. 23) 1873	Vast raw h. Lin alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 5-9 4 18 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profession, or particular kind of work done, es SPINNER,	of piff
SAWYER, BDDKKEEPER, etc. Terred Mulich	Thursal Thirtonites 1/8/33
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month) and this proportion this.	
10. Date deceased last worked at this occupation (month and spent in this	
year), occupation	Dther Contributory Canses of importance:
12. BIRTHPLACE (city or town) Tradung) 11	A f - f - A - A - A - A - A - A - A - A
(Stete or country)	Enfestive Clistuction 1/8/3
13. NAME Teo. Man Hundeland 14. BIRTHPLACE (city or town) Lineary	(Varalitée Mens)
14. BIRTHPLACE (city or town) lastacy	Name of operation aparoxomy Date of 1/11/33
(State of country)	What test confirmed diagnosis? Clinical + Guat Was there an autopsy? 2
15. MAIDEN NAME Mary Gith Cring	23. If death was due to external causes (VIOLENCE) fill in also the following:
[State or country]	Accident, suicide, or homicide? Date of injury, 19
Out of County,	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Morden Margaret Shew (Address) Berden Mines Ind.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Verlyro burn Date Jan 14.,1933	Nature of Injury
19. UNDERTAKER Jacob States	24. Was disease or Injury In any way related to occupation of deceased?
(Address) (/frestling) M/O	If so, specify
20. FILED 19 4 , 19 3 3 G. R. Warkin	(Signed) Class Studes & M. C
Registrar. If more blanks are needed address State Denistrar.	(Address) - Lost Charles Street Baltimore Requesting 9) S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Julu 5.1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

BINDIN

FOR

RESERVED

MARGIN

V. S. No.

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The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I			Example II	
The principal cause of importance were Arteriosclerosis	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEB 7 MS I	July 5,1927	Peritonitis	3 days ago
	BUREAU V.S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, Every near or mation should be carefully supplied. AGE should be stated EXACLLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. 1

County Co	STATE OF MARYLAND	CERTIFICATE OF DEATH 00084
Village or City Carrollour (If death occurred in Anoptical crimitation, eye in NAME instead of street and number) Length of residence in city, or town where death occurred in S. yt. 9 acc. 14 death occurred in Anoptical crimitation, eye in NAME instead of street and number) (a) Residence: No. 1	WILLIAM CO.	BPOHATE LIMITS &
Langth of residence in glby of fown where death occurred S. yys. 9 and 5. 2. FULL NAME (a) Residence: No. 1.7 1.5 1	County Magany -	Registration Dist. No.
Length of residence in glby or form where death occurral \$\frac{\text{S}}{\text{y}}\$, \$\frac{\text{dest}}{\text{dest}}\$ described by \$\frac{\text{S}}{\text{dest}}\$ (a) Residence: No. \$\frac{\text{I}}{\text{J}}\$ (Uinal place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX		No. /0.7 St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. 1 7 1 1 (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR BIJORED (**mic the word) O		. 27 ds. How long in U.S. if of foreign birth?yrsds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORED (write the word) 5. Harried, widowed, or givorcad HUSBAND 6. DATE OF BIRTH (month, day, and year) 7. ACE Year Months Days 11 LESS tifth 1 day, hrs. 1 days, hrs. 22. HER EBY CERT I F.Y. That I attended deceased from 1 to have occurred on the date stated above, at 1 2 4 2 m. The PRINCIPAL CALES OF DEATH and related causes of importance week as follows: 8. Trace, profession, or narticular: SAVYER, BOOKKEPER, etc. 3. Industry for business in which SAVYER, BOOKKEPER, etc. 3. Industry for business in which Solid mills, BAIK, etc. 14. BIRTHPLACE (city or town). (State or country) 13. MANDE 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (State or country) 18. MAIDEN NAME 19. MARIE A. A. S. S. S. S. S. S. S. S. Sectify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. UNDERTAKER 19. Was there an autopsy) 19. Manner of injury Nameer of injury Namee	2. FULL NAME margaret le Sir	non
3. SEX 4. COLOR OR RACE OR. DIVORCED Genic the word) 3. If married, widowed, or, divorced from the word) 3. If married, widowed, or, divorced from the word or divorced from the date stated above, at 12 a. m. 1 day. hrs. for percent or the date stated above, at 12 a. m. 1 for min. 2. HEREBY CERT (FY. That I attended deceased from 19 day. 1 last saw h. L. alive on the date stated above, at 12 a. m. 1 for min. 2. B. Trade, profession, or particular from the date stated above, at 12 a. m. 1 profession, or particular from the date stated above, at 12 a. m. 1 profession, or particular from the date stated above, at 12 a. m. 2 m. 1 profession, or particular from the date stated above, at 12 a. m. 1 profession, or particular from the date stated above, at 12 a. m. 1 profession, or particular from the date stated above, at 12 a. m. 1 profession, or particular from the date stated above, at 12 a. m. 1 profession, or particular from the date stated above, at 12 a. m. 1 profession, or particular from the date stated above, at 12 a. m. 1 profession, or particular from the date stated above, at 12 a. m. 1 profession, or particular from the date stated above, at 12 a. m. 1 profession, or particular from the date stated above, at 12 a. m. 1 profession, or particular from the date stated above, at 12 a. m. 1 profession, or particular from the date stated above, at 12 a. m. 1 profession, or particular from the date stated above, at 12 a. m. 1 profession, or particular from the date stated above, at 12 a. m. 1 profession, or particular from the date stated above, at 12 a. m. 1 profession, or particular from the date stated above, at 12 a. m. 1 profession, or particular from the date stated above, at 12 a. m. 1 profession, or particular from the date		
Sa. If married, widowed, or givered (Wonth) (Day) (Year) (PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. If married, widowed, or givoread flusshalp of (or) wife of (or) wif		Jan-1- 1933
HUSBAND of (or) WIFE of (or) WI	5a. If married, widowed, or divorced	(Month) (Day) (Year)
AGE Years Months Days ITLESS tifan to have occurred on the date stated above, at 12 day m. The PRINCIPLA CAUSE OF DEATH and related causes of importance was at 10 days. In a state of the date stated above, at 12 day m. The PRINCIPLA CAUSE OF DEATH and related causes of importance was at 10 days. In a state of the principle	HUSBAND of Cor) WIFE of Hom I Simon	Al
AGE Years Months Days If LESS tifan 1 day,	DATE OF BIRTH (month, day and year)	I last saw h. La alive on Duc 310 - 1932 death is sai
8. Trade, profession, or particular week as follows: 8. Trade, profession, or particular week as follows: SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SPINNER, SAWYER, BOOKKEEPER, etc. 10-Date deceased last worked at this occupation (month and 1330) 11. Total time (years) spent in this portion to this occupation (month and 1330) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTMPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 8. BURIAL, GREMATION OR REMOVAL PICAL PICAL PICAL (Address) 10. FILED AMA 1. 15. MARRIAL (Signed) M. It so, specify M. M. It so, specify M. M. It so, specify (Signed) M. It so, specify M. M. It so, specify M. M. It so, specify (Signed) M. M. It so, specify M. It so, specify M. M. It		467
8. Trade, profession, or particulars 10 with does as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work will, Bank, etc. 10-Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, GREMATION OR REMOVAL PIECE 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Date of male was disease or injury and year episted to occupation of deceased? 19. UNDERTAKER (Signed) 10. City or town, and was given to the property of th	7 1 day,hrs.	
kind of work done, as SPINNER. SAWER, BONKEPER, etc. 9. Industry or business in which work was done, as SPINNER. 10-Dabe deceased last worked at this occupation (month and year) year) 2. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT. 18. F. F. A. L.	8 Trade profession or particular	were as follows: Date of onse
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Place Abricks (Date)		Manner of Injury
9. UNDERTAKER Loris Stein One (Address) 24. Was disease or injury in any way related to occupation of deceased? W. 16 so, specify Address (Signed) (Signed) M. (Signed)	prot latricks (Date Jan 3 1933	
(Address) Linguistand . If so, specify 12 (Signed) 10. FILED and 3, 1533 Danales & Miless (Signed) 1 (C) (Signed) 1 (M)	4: 4: 6	
20. FILED and 3 , 1533 Harale & Holes (Signed) World Styry & M.		CAIII MALLERI
20. FILED CLUB 19 CHILD	(Address) Company .	1/2/2/2/2/2/
		7.11.1

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

RECORD. Every item of inforshould state of OCCUPA. PHYSICIANS Exact statement stated EXACTLY. properly classified. ITH UNFADING INK-THIS IS A PERMANE MARGIN RESERVED FOR BINDING certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of -WRITE PLAINLY, m

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	00085
County Allegan HATHIN CORPO	PLATE LIMITS Registration Dist. No.
Village or City Currenter land	No. 521 marshall St. 4 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	ds. How long In U. S. if of foreign birth?yrsmos ds.
2. FULL NAME I da lo Smith	5
(a) Residence: No. 521 Praishall	St., 4 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3.5EX 4. COLOR OR RACE 5. SINGLE MARRIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH John 2/
Time None Single	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That i attended deceased from
(01) 1112 01	Jan 2/ 193/10/pr 2/ 1933
6. DATE OF BIRTH (month, day, end year)	I last saw h. alive on 1933; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _ / 0 0m.
7.3 0 VV 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as ollows:
8 Trade nonfession or particular	Coronory Theory Date of onset
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, Cycle Caucaday 10. Oate deceased lest worked at this occupation (ment) and the company	<i></i>
9. Industry or business In which work was done, as SILK MILL, Crystal January, SAW MILL, BANK, etc.	//
SAW MILL, BANK, etc	
this occupetion (month end spent in this occupetion occupetion	
000	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME STAP	
E / www bridge	
14. BIRTHPLACE (city or town)	Name of operation
E 15. MAIDEN NAME MAAN & / HO MA	What test confirmed diagnosis? Was there an autopsy?
I many control	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
Me PA T	(Specify city or town, county and State)
17. INFORMANT OF COMMENT	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mo Javege Ma pate / all V4, 1933	Nature of injury
19 UNDERTAKER Forcis Stares Luc	24. Was disease or injury in any way related to occupetion of deceased?
(Address) Cembraland, Md	if so, specify
20 First and 2 4, 33 Harry Aller	(Signed) . M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I		Example_II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	STATISTICS OF THE STATE OF THE	1 year

EXACT

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MARGIN

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on accounts. State occupation at beginning of illness. If retired from state occupation at beginning of illness, If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House, whatever, write None. business, that fact may be indicated thus; Farmer household only (not paid Housekeepers who receive a nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Examples: Accidental drowning; Struck by railway traininges, peritonaeum, etc., Carcinona, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," "Debility" "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, Chronic etc. The contributory valvular heart disease; affection need not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

7

N. B.

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH

1	16	11	15	10
(1	71	1	16

1. PLACE OF D				(91-0)			
CountyA	llegany				Registratio	n Dist. No.	u
Village or City	Flintstor	ne. Md		No.		St.	Ward
Length of residence	in city or town where	death occurred		death occurred in a hospital or institutionds. How long in U.S. if o		ME instead of street as	nd number)
2. FULL NAME	Holida	y.F.Str	eets.				
(a) Residence: I	No. Flintst	(Usual place	of abode)	St., Ward.	If nonreside	nt give city or town	and State
PERSONAL	AND STATIST			MEDICAL C		E OF DEATH	
3. SEX Male 4.	COLOR OR RACE White		RIED, WIDOWED,	21. DATE OF DEATH		3.1933	, 193.3
5a. If married, widowed, of HUSBAND of Be	r_divorced +				(Month)	(Day)	(Year)
(or) WIFE of	TT Prieer			Dec 30		Y. That f attend	
6. DATE OF BIRTH (mont	h. dav. and year)	Sept 1	4.1871	£lest saw h.com. alive on _5			
7. AGE Years 61.	Months 3	Days 19	If LESS than I day,hrs. ormin.	to have occurred on the date state The PRINCIPAL CAUSE OF DEAT were as follows	d above, at1	0.45. Am	
8. Trade, profession, kind of work SAWYER, BOO	or particular done, as SPINNER KKEEPER, etc.	armer	1 01	Dec.	26-	1832	Date of onset
✓ Industry or busin	ess in which e, as SILK MILL, NK, etc			Aente &	indoc	arditio	
Tina occupation		spe	ime (years) nt in this upation				
12. BIRTHPLACE (city or ((State or country)	own)	Md		Other Contributory Canses of impo	ortance:		
当 13. NAME E	nos.Stree	ets					
13. NAME E		Ма		Name of operation			^
15. MAIDEN NAME	Elizabet	th Fette	rs	What test confirmed diagnosis?			-
15. MAIDEN NAME 16. BIRTHPLACE (city (State or cour		Pa.	MA	23. If death was due to external cau Accident, suicide, or homicide? Where did injury occur?			-
17. INFORMANT(Address)	Bell Stre			Specify whether injury occurred in	(Specify city of INDUSTRY, in F	or town, county and S IOME, or In PUBLIC	State) PLACE.
18. BURIAL, CREMATION, Place HillC	or REMOVAL rest	Date Jan	. 6.1933	Manner of injury			
19. UNDERTAKER(Address)	John.C.Wo	olford Land Md.		24. Was disease or injury in any w			
20. FILED Jue /-	S E ₂₁ ,	Ber	Registrar.	(Signed) Address) - File	inted	Ane In	4M. D.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy . A A A TANA 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago I LAN LUCION NO TON Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH Jo bluods Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? yrs. _____mos. ____ds. mos. statement RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, dev. and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 2,45 Q.m. 1 day, hrs. DEATH and related causes of importance or min. Date of enset 8. Trade, profession, or particular PATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc may 9. Industry or business in which pluods work was done, as SILK MILI SAW MILL, BANK, etc ... 10. Date deceased last worked at On 11. Total time (years) spent in this this occupation (month and, occupation 2 Q uno instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town Name of operation ... plain (State or country) carefully What test confirmed diagnosis?______ Was there an autopsy?_. HER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: PO Accident, suicide, or homicide?______ Date of injury______ 19__ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?. DEA' (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT pluods (Address) OF 18. BURIAL, CRÉMATION, OR REMOVAL Manner of injury CAUSE mation __ Date Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) ff so, specify 20. FILED. Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

BINDIN

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		FFB A 1838	
Other contributory causes of importance:	}	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1 1		

STATE OF MARYLAND-CERTIFICATE OF DEATH

	of DEATH Allegany	· · · · · · · · · · · · · · · · · · ·	WITHIN CO	PRPORATE LIMITS (3) Registration Dist. No.	4
	City Cumberla			No. 808 N Mechanic ST St., a fdeath occurred in a hospital or institution, give its NAME instead of street and s	
2. FULL N	AME Eliza	abeth.Ta	ylor		
(a) Resid	ence: No. 808 N N	lechanic (Usual place		St., Ward. If nonresident give city or town and	d State
PERSO	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	OR DIVORCE	RIED, WIDOWED. D (write tha word) dOW	Jan. 15th.1933	., 193(Year)
5a. If marriad, wid HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY. That I attended	deceased from
6. DATE OF BIRT	N H (month, day, and year)	lov 15 I	844		; death is said
	Years Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at1135. Pm Tha PRINCIPAL CAUSE OF DEATH and retated causes of importance were as follows:	
8 Trade nro	fession, or particular f work dona, as SPINNER, ER, BOOKKEEPER, atc			Caretra Wementy	Date of onset
9. Industry o	r business in which was done, as SILK MILL, MILL, BANK, atc	AT HOME			143
- 11110 00	ased last worked at cupation (month and	spe	ime (years) nt in this upation		
12. BIRTHPLACE ((city or town)PA	Dont Kn	OW	Other Contributory Causes of importance:	
	John Tenn	ent			
	CE (city or town) Dont or country)	Know P.	A	Name of operation Date of Was there an	
15. MAIDEN 1	NAME Adiline CE (city or town) Dont- or country)	Kayton		23. If death was due to external causes (VIOLENCE) fill in also the followin Accident, suicide, or homicide?	ig:
(State	777.7			Where did injury occur?(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PI	ate)
(Address) 18. BURIAL, CREM Place	808 N Mech			Manner of Injury	
19. UNDERTAKER (Address)	J.E.Tyson Rising Su	V A 84		24. Was disease or injury in any way related to occupation of **Ceased?	J
20. FILED, COM	16 ,1933 (\$100	ney St. C.	Registrar.	(Signed) Martin (Address) Multiple (Address)	JM. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDIN

FOR

MARGIN RESERVED

MEDICAL CERTIFICATE OF DEATH (Day) I HEREBY CERTIFY. Thet I ettended deceesed from an 3 The PRINCIPAL CAUSE OF DEATH end related causes of importance Date of onset 23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______, 19. (Specify city or towo, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 24. Was disease or injury in any wey related to occupation of deceased? Crowled and If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	droam	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		gangoas	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example	I	1	Example II		
The principal cause of death and a of importance were as follows:	related causes	Date of priset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	EER 7 1025	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	40.00	July 5, 1927	Peritonitis	3 days ago	
BI	REAU V	S			
Other contributory causes of impo	rtance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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S. No.

	E OF DEATH	WITHIN CORPO	RATE LIMIT	sor 2		MARYLAND E OF DEATH
Village or Ci	ty Frostlung ULL NAME	(No	71)ù	us Hospital		d) (If death occurred In a hospital or institu- tion, give its NAME In- stead of street and number.)
PERSO	NAL AND STATISTIC	AL PARTICULA	ARS	MEDICA	L CERTIFICATE	OF DEATH
3 SEX	4 COLOR OR RACE 5	SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)		16 DATE OF DEATH	Jun. 23	, 1923 (Day) (Year)
6 DATE OF B	(Month)	L 3 L,	1933 (Year)	that I last saw har	CERTIFY, That I a	2 3 , 192 3 ,
7 AGE	yrsm	1	LESS than day hrs.	and that death occurr The CAUSE OF DEAT		ed above, at 10 P. m.
(b) General business, or	nature of industry establishment in oyed or (employer)	-	00 0000 00 000 000 000 00 00 00 00 00 0	Spoular	(Duration)	yıs. mos de.
9 BIRTHPLAC (State or	E	and		Contributory Secondary	(Durstion)	
10 NAME FATHE	R Irm. &	ratson		(Signed) M - 1922	worn	dland his
ш	THER or country)	fland		*State the Dis Violent Causes, sta Accidental, Suicidal of	sease Causing Death te (1) Means of r Homicidal.	n, or, in deaths from Injury and (2) Whether
12 MAIDE OF MO	THER BESSIL	Shuck		18 LENGTH OF RES	IDENCE (For Hospidents)	oitals, Institutions, Trans-
1/	or Country) E IS TRUE TO THE BEST OF	yland FMY KNOWLED	GE	At place of deathyrsme Where was disease contrif not at place of death	osds. St	ateyrsmosds,
	111 01	05000		Former or usual residence		
(Informa	dress) Treating	·hil		19 PLACE OF BURIAL	OR REMOVAL	DATE OF BURIAL
15 Filed	/2P 1933 di	R. Nall	egistrar	20 UNDERTAKER		ADDRESS
1 = /-				40 W C C. D	la Daniela V	S No. 1

If more bianks are naeded, address State Registrar, 16 W. Saratoga St., Balto., Requesting

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House er," etc., without more precise speciments without more, Laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective or Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement report specifically the occupations of persons en-Foreman, For many occupations a single word or term or especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Automobile factory. The material not gainfully em-6 Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospina Typhoid fever (never report "Typhoid Pneumonia") to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respec Statement of Cause of Death-Name, first, the DIS (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia

> (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valvular heart disease etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

J. S. No. 1

2

RECORDO

B.--Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact WRITE

PLACE OF	LO QUUL	g•		CATE OF DEATH
Village or City	Alovade (40.	11000	Regie Str	Ward) (If death occurred in a hospital or institution, give its NAME in-
²FULL 1	NAME TOPAUX	Millie	guis	stend of street and number.)
	AND STATISTICAL PARTI	CULARS	MEDICAL CERTIFI	CATE OF DEATH
S SEX 4	COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, CR DIVORC	roug le -	11	J., 1933 htth)——(Day)——(Year)— that I attanded the deceased from
6 DATE OF BIRTH	(Month) (Day)	, 933 ti	hat I last saw hallyo on	, 192 ,
7 AGE	yrs nos.	I day hrs. T	the CAUSE OF DEATH * was as fa	
(b) General natur	work so of industry			7
business, or estab			Contributory (Darie	(106) de.
9 BIRTHPLACE (State or country	"Int waso"	med.	Secondary (Dura	2
10 NAME OF FATHER	3 mod for d Wille	súis (Signed) A 2 3 (Address)	M. D.
OF FATHER (State or con	untry) parks pugill	T. Va.	*State the Discase Causing Violent Caus. s, state (1) Mean Accidental, Suicidal or Homicidal.	
of Mother	Bridges Myull	you !	S LENGTH OF RESIDENCE (Fo	r Hospitals, Institutions, Trans-
18 BIRTHPLAC OF MOTHER (State or con	untry) M J avog	Mai	At place of death	In the State yrs mos ds.
(Informant)	Brid And Will	Lyuis !		
(Address)	But Saing	e ma	DE PLACE OF BURIAL OF REMOVA	1 100 2 1033
Filed Filed	2 1933 # Jan	Q Registra:	By Alberta telluments	they my swope mo
1 21	f mora blanka ara meedad, addro.	as State Registrar, 1	16 W. Saratoga St., Balto., Request	ting y. S. No. 1.

MARGIN RESERVED FOR BINDING

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

en at home, tired 6. yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, 16. But in many cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE-CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Ai school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Solesman. (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day who are engaged in the duties of the (b) Automobile factory. The -Coul mine, etc. Wommaterial Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"; obar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "(Exhaustion," "Heart Iailure, Iracurville," "Shock," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease "PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," inges, pertonacum, etc., Carcinoma, Sarcoma,, etc., et (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis carbolic acid—probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train-American Medical Association.) cough; Chronic affection need valvular heart disease; etc. The contributory not of the

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00034

1	. PLACE OF					(51)			
	County	Al	legany		WITHIN COP	RPORATE LIMITS	Registration	Diet No	4
	Village or Ci	tv	Cumberl	and. Md		522.N.Mechan	nic. S	t	2 41. 1
-	village of Gi	· · · · · · · · · · · · · · · · · · ·			(16	death occurred in a hospital or institution,			number)
	Length of resid	lence In ci	ty or town where	death occurred	yrs,mos	ds. How long in U.S. if of for	reign blrth?	yrsı	nosds.
2	. FULL NAM	NE	Wm.J.W	Vilkenso	n.				
	(a) Residence	e: No	52%	(Usual place	hamed of abode)	St., 🗢 Ward.	If nonresideo	t give city or town an	d State
-	PERSON	AL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CER			
3. 3	SEX	4. COLO	R OR RACE	5. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH	Jan.	9.1933	
	male	Wh	ite	OR DIVORCE	Derite the word)			2 4 4 2 2 2 2	. 193
5a.	If married, widowe	ed or divo	rced			(1	Month)	(Oay)	(Year)
	HUSBANO of (or) WIFE of		hel Wi	lkenson		22. I HEREBY C	ERTIF	Y. That I attended	I deceased from
-	(01) 111112 01					1930 19	32 to		
6. 1	DATE OF BIRTH (month, day	, end year)	Oct.11.	1869	I last saw have alive on	au.	X	_: death is said
7.	AGE Year	s	Months	Oays	If LESS than	to have occurred on the date stated ab	ove et 3	30 pm	
	63		2	29	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH a	nd related caus	ses of importance	
	8. Trade profess	sion or na	rticular	1	ormin.	were as follows:			Oate of onset
OCCUPATION	kind of w	ork done,	as SPINNER, AC	lvertisi	ng	1/000000	- 0		
AT	9. Andustry or h	usiness in	which		Mgr	Canada		7	
J.	Work was	done, as S L, BANK, e	ILK MILL,		-0-	1 hina could	010	1.1.	1000
ŏ	10. Oate deceese	d last wor	ked at		ime (years)	mus any	- Ju	aus.	1930
	this occup	ation (moi	ntn and		nt in this upetion				
12.	BIRTHPLACE (city	or town).			Pa	Other Contributory Causes of Importan	ce:	3643.1	
	(State or count								
FATHER	13. NAME	Char	les Wil	Lkinson.					-
目	14. BIRTHPLACE	Cetty or to	wa)		Pa	Name of operation		Oate of	
F	(State or		***************************************			What test confirmed diegnosis?			
2	15. MAIOEN NAM	E H	anna . We	eidensou	1				
MOTHER					Pa	23. If death was due to external causes			•
웊	16. BIRTHPLACE		wn)			Accident, suicide, or homicide?		Oate of Injury	, 19
-	(Glate of		. Wilki	ngon		Where did injury occur?	Specify city or	town, county and Sta	te)
17.	INFORMANT		umberla			Specify whether injury occurred in IN	OUSTRY, In HO	ME, or in PUBLIC PI	ACE.
10	(Address)			and. Mu					
10.	BURIAL, CREMATI	se H	III	Jan.	11.1933	Manner of Injury			
-	riace		T-1 0 1		, 19	Nature of Injury			· M
19	UNOERTAKER	C.	John . C	Wolford		24. Was diseese or Injury In any way re	elated to occup	ation of deceased?	16
	(Address)		umberta	ild - Md		If so, specify	10)		
20	FILE and	17 .	23 NN	akue &	m: 1	(Signed)	Jus	40-	
20.	The same	, 1	W (19)	urugy!	Registrar.	(Address)	Int	and I	41.
7			-						

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1		Example II	1
he principal cause of death and related causes importance were as follows:	Date of onset	The principal cause of importance were a	of death and related causes as follows:	Date of onset
rteriosclerosis	1915	Attack of epilepsy	EEB 2 1833	1 week ago
hronic interstitial nephritis	1921	Run over by street car		1 week ago
erebral hemorrhage	July 5,1927	Peritonitis	DECENTED SE	3 days ago
ther contributory causes of importance:		Other contributory ca	auses of importance	
allstones	May 1,1923	NAME OF TAXABLE PARTY.	and the political control of the political con	1 year
allstones	May 1,1923	Gastroenteritis		

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			(131)
County Allegany	Wi	THIN CORP	ORATE LIMITS Registration Dist. No.
vinage of orty	land. Md	(If	No. 457 Goethe.St St., # Ward death occurred in a hospital or institution, give its NAME instead of street and number)
			ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME James	.H.Wilso	n.	
(a) Residence: No. Cum?	Oerland (Usual place o		St, Ward. If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARI OR DIVORCED MAI'1	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH Jan. 3.1933 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Ruth Mall (or) WIFE of	lin		22. I HEREBY CERTIFY, That I attended deceased from 3 - 1932 to 2 m 3 - 1933
6. DATE OF BIRTH (month, day, and year)	Aug 3	1.1868	I last saw him alive on Jan 2 4 1933 death is sald
7. AGE Years Months	Days 2	If LESS than 1 day,hrs. ormin.	to have occurred on the data served above, at AIDm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance werg, as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Cos SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date becaused last worked at this occupation (month and			offully -
Andustry or business in which work was done, es SILK MILL, HC SAW MILL, BANK, etc.	ouses Bu	ilder	V
10. Date deceased last worked at this occupation (month and year)		me (years) It in this pation	
12. BIRTHPLACE (city or town)	Mđ		Other Contributory Causes of importance: - Christian Myslomus - Christian
	on		hiphulus allerais.
13. NAME JOHN. Wils (Name of operation Management Date of
	Wilson.		What test confirmed diagnosis?
15. MAIOEN NAME Atsy. V 16. BIRTHPLACE (city or town) (State or country)		ld	Accident, suicide, or homicide?
17. INFORMANT Ruth Wilson (Address) Cumberl	and. Md		(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Rose Hill		.5.1933	Manner of injury
19. UNDERTAKER John.C.Wo.			24. Was disease or injury in any way related to occupation of deceased? WO
20. FILEDAM 4 , 1933 OF	January,	of Messon	(Signed) WOBLAKE M. D. (Address) 122 BULLING S

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be roturned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

		Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:			
1915	Attack of epilepsy			
1921	Run over by street car		1 week ago	
July 5,1927	Peritonitis CA	ROKEV	3 days ago	
	8861	ARGES I		
May 1,1923		*	1 year	
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of in	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

305

(If death occurred in

a hospital or institu-tion, give its NAME in-stead of street and

number.)

State......ds.

DATE OF BURIAL

ADDRESS

SERV

œ

MARGIN

(Approved by U. S. Census and American Public Health Association.)

laborer, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the whatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhou ehold only (not paid Housekeepers who receive a For many occupations a yrs). For persons who have no occupation Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day single word or term on

Strtement of Cause of Death—Name, first, the DISEA. CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobfor pneumonia, Bronchopneumonia ("Pneumonia,"

and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, tclanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL perilonitis, "(Ethaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiscases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; Chronic valvular heart disease; etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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1. PLACE OF DE		F MAR	YLAND-	CERTIFICATE OF DEATH	97
County				Posistastina Diet No.	
Village or City	Cumberlan	eath occurred	yrs,mos	Registration Dist. No. No. Rout 2 City Of Cumberland If death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos.	
(a) Residence: No	Rout	2 (Usual place	of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL A	ND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Female	Nhite		RIED, WIDOWED,	21. DATE OF DEATH Jan. 22.1933 (Month) (Day) (Ye	ear)
5a. If merried, widowed, or of HUSBAND of (or) WIFE of	Thornton	. Wilso	on	22. I HEREBY CERTIFY, That I ettended decease	d from
6. DATE OF BIRTH (month,	day, and yeal ay .	18.1850)		is seid
7. AGE Years 82	Months 8	Days 4	If LESS than 1 dey,hrs. ormin.	THE PRINCIPAL CAUSE OF DEATH and related ceases of importance	
	ne, es SPINNER, KEEPER, etc	A1	t Home	Broncho mennona Date o	fonset
O DX	es SILK MILL, K, etc			-	
10 Date deceased last this occupetion (year)	month end	Spei	ime (yeers) nt in this upetion	Dther Contributary Causes of Importance:	
12. BIRTHPLACE (city or to	vn) Md		****	Dillet Conditionary Causes of Importance.	
(Stete or country)	A serious Monda			sentlely.	
13. NAME UL	iver Twig	58		T	
13. NAME 14. BIRTHPLACE (city o (State or country)		Md		Neme of operation Date of What test confirmed diagnosis? Was there an eutopsy?	
15. MAIDEN NAME 16. BIRTHPLACE (city o (State or countr		Stallin	ngs Md	23. If deeth was due to external causes (VIOL ENCE) fill in also the following: Accident, sulcide, or homicide?	
17 INFORMANT	rs James mberland.		on.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,	
18. BURIAL, GREMATION, O Place Gree .	R REMOVAL Medow . Md	Dete Jan	.24.1933	Menner of injury	
19 UNDERTAKER J (Address)	ohn.C.Wol	ford and Mo	1	24. Wes disease or injury in any way related to occupation of deceased?	
20. FILED 4.24	,1933	7/3ev	Registrar.	(Signed) (Address) Enrugeword.	_ M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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1	3.0	Example II	V.
Date of onset	The principal cause of importance were as	death and related causes follows:	Date of onset
1915	Attack of epilepsy	econ a Pala	I week ago
1921	Run over by street car		1 week ago
July 5,1927	Peritonitis	GEVIBUSE	3 days ago
	Other contributory cau	uses of importance:	
May 1,1923	Gastroenteritis		1 year
	1915 1921 July 5,1927	of importance were as 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory can	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

Registrar

If more blanks are needed, address State Registrar, a

	Registration Dist. No.	
No.	St	Ward
	ution, give its NAME instead of street a	
ds. How long in U.S. if	of foreign birth?yrs	_mosds.
6		
St.,Ward.	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
	If nonresident give city or town	and State
MEDICAL C	ERTIFICATE OF DEATH	1
21. DATE OF DEATH	(20	7
	Jan. 30	, 193
	(Month) (Day)	(Year)
22. I HEREB	Y CERTIFY, That I attend	ded deceased from
	, 19, to	
		, ucath is said
to have occurred on the date stat		
were as follows:	TH end related causes of importance	Date of onset
		Date of onset
1	_	
f	lborn	
	•	
Other Contributory Causes of imp	ortance:	
Name of operation	Date o	f
What test confirmed diagnosis?	Was there	an autopsy?
8. If death was due to external ca	uses (VIOLENCE) fill in also the folio	wing:
	Date of injury	
		, 19
Where did injury occur?	(Specify city or town, county and	State)
Specify whether injury occurred i	(Specify city or town, county and in INDUSTRY, in HOME, or in PUBLIC	PLACE.
Menner of Injury		
Personal State of the		
Nature of injury		
24. Was disease or injury in any v	way related to occupation of deceased?	
if so, specify		
(Signed) a 9.7	engulated	M. D.
(Address) (D)	theuport n	
111 N. Charles Street, Baltimore, R	equesting U. S. No. 1.	

V. S. No.

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Example I		Example II		
The principal cause of death and related of importance were as follows:	causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis FFR 3	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU	V. D July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.—V

STATE OF	MARYLAND—CERTIFICATE OF DEATH	00099
FATU	(89-12)	

1. PLACE OF DEAT	Н			(82-c)	
	ega ny nberlan	d. Md		ORATE LIMITS Registration Dist. No. Asylum.	St. 3 Ward
Length of residence in city	or town where	death occurred		death occurred in a hospital or institution, give its NAME instead of	
		Wolford		713	
(a) Residence: No.	and and	land Md	•	St., Ward. If nonresident give gity o	r town and State
PERSONAL AND	STATIST			MEDICAL CERTIFICATE OF D	
	or RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED,	21. DATE OF DEATH Jan. 8th	1933
5a. If married, widowed, or divorm HUSBAND of Gory WIFE of	na. Wol	ford		22. HEREBY CERTIFY, That	
6. DATE OF BIRTH (month, day,		uly 27.		I last saw h in alive on 1 4 30 P	, 1933; death is said
7. AGE Years 55	Months 5	Days 11	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance as follows:	rtance Date of onset
8. Trade, profession, or per kind of work done, a SAWYER, BOOKKEEP	S SPINNER B			Cerebys	
Kind of work done, as SAWYER, BDOKKEEP SIndustry or business in work was done, as SI SAW MILL, BANK, et		Rallroa Labor		Hanonlass	1-7-33
10. Date deceased last work this occupation (moniyear)	th and	spe	me (years) nt in this rpation	Other Cautributory Causes of importance:	
12. BIRTHPLACE (city or town). (State or country)		W	va	Other Cautibutory Causes of Importance:	
™ 13. NAME JO}	n.Wolf	ord			
14. BIRTHPLACE (city or tow (State or country)	vn)	Wya	*****************	Name of operation What test confirmed diagnosis? Wa	9220
置 15. MAIDEN NAME DO	ont Kno	W		23. If death was due to external causes (VIOL ENCE) fill in also the	
15. MAIDEN NAME DONT KNOW 16. BIRTHPLACE (city or town) DONT KNOW (State or country)			now	Accident, suicide, or homicide? Date of inju	
17. INFORMANT _ ISON a (Address)	Wolfor	dCumber	land Md	(Specify city or town, cou Specify whether injury occurred in INDUSTRY, in HOME, or in	aty and State) PUBLIC PLACE.
18. BURIAL, CREMATION, DR RE	MOVAL WVa	Date Jan	. 10.193	Manner of injury	
19. UNDERTAKER	nn.C.Wo	olford rland Md		24. Was disease or injury in any way related to occupation of de	ceased? No
20. FILEDAN 10, 19	33 Ha	ring of	Mesa. Registrar.	(Signed) The (Address) Augusta (Address)	liguego.
f		1	Acgistrar.	" (Audiess)	Jane Land

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death an of importance were as follows:	d related causes	Date of onset
Arterioselerosis	1915	Attack of epilepsy	FR 3 1933	1 week ago
Chronie interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	TAMES OF	3 days ago
Other contributory causes of importance:		Other contributory causes of imp	oortance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

sary to know the first line will be sufficient, e. g., Farmer or Planter. fulness of various pursuits can be known. cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective or Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a " etc., report specifically the occupations of persons en-Foreman, or At Home, and children, For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, without more precise specification as Stationary fireman, etc. But in many (b) Automobile factory. The materia (a) the kind of work and also (b) the Laborer-Coal mine, etc. Womsingle word or term on Locomotive engineer, not gainfully em-(3) The ques-Grocery; Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may he stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septiourmia," "PUERPERAL peritonitis," etc. "(Ethaustion," "Heart failure," "Haemorrhage," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," (secondar) or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid as fracture of skull, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory valvular heart Nomenclature of the Always qualify all not be disease

It was certificate is looked over thoroughly and all questions and order in dream it will prevent further correspondence. All the day to essential and must be obtained before the certificate is permanently likely by the certificate is permanently likely the certificate is permanently likely by the certificate is permanentl

1. PLACE OF DEATH		(157-2)
County Allegan	7/	Registration Dist. No.
Village or City Crie Starte Length of residence in city or town		No. St., W If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How tong In U.S. if of foreign birth?yrsmos.
12.0	Rolland Houng	/// 0
2. FULL NAME DULL		
(a) Residence: No. Las	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STA	TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nale 4. color or RA	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (word the word)	21. DATE OF DEATH (Month) (Day) (Year
5a. If merried, widowed, or divorced HUSBAND of		
(or) WIFE of	22	1 HEREBY CERTIFY, Thet I attended deceased
6. DATE OF BIRTH (month, day, and yeer	Dre. 22/132	1 lest sew h_1177 alive on Jass 7/, 1933; death is
7. AGE Years Mon		to have occurred on the date stated above, at 4.4.5. 2m.
	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINN SAWYER, BDDKKEEPER, etc	R,	auguston m / 1. 12-2.
SAWTER, BUDKREEPER, etc.		Canglital signs fruit Mrs fruction 12-21
kind of work done, as SPINNI SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc		- Carry car per our
O Date deceased last worked at this occupation (month and year)	11. Totel time (years) spent in this	
0.	occupetion	Dther Contributory Codese of Importance:
12. BIRTHPLACE (city or town) (State or country)	Tusk.	Prematerity (8 months)
13. NAME Harry & . Y.	un a belook	
14. BIRTHPLACE (city or town)	nathins burg	Name of operation Name Date of
(State of country)	11 0 10.Va	Whet test confirmed diagnosis? Clinical Was there an autopsy?
15. MAIDEN NAME JAURA	Freu Bowman	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	syntan o	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	1 000	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	of my	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Salarfung, Ra	Manner of Injury
Place de Felles Co	Date for 3 ,1933	Nature of injury
19. UNDERTAKER (Address)	mer Ind 1	24. Was disease or Injury in any way related to occupation of deceased? Wo
20. FILE SUU 3 , 1933	Wellaunder Registrar.	(Signed) Cythun J. Jouls (Address) 40 H. Jalenty H. Cumberland M.
<i>d</i>		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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